December, 1954

Canadian Hospital

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- For in Courtesy is the Grace of God
- Conventions, conferences, annual meetings

Canadian Hospital Association

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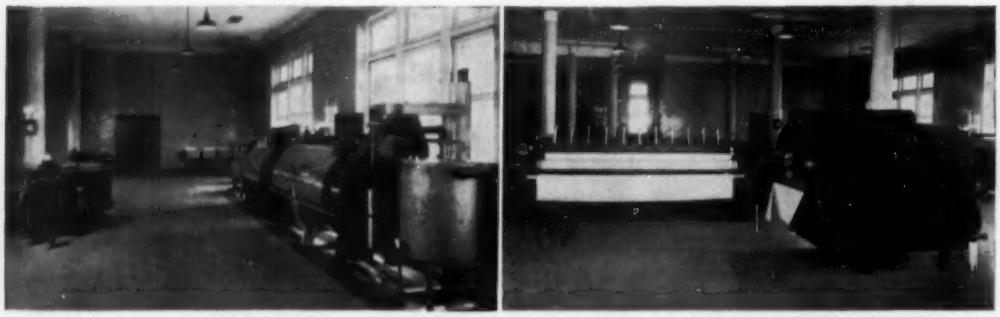

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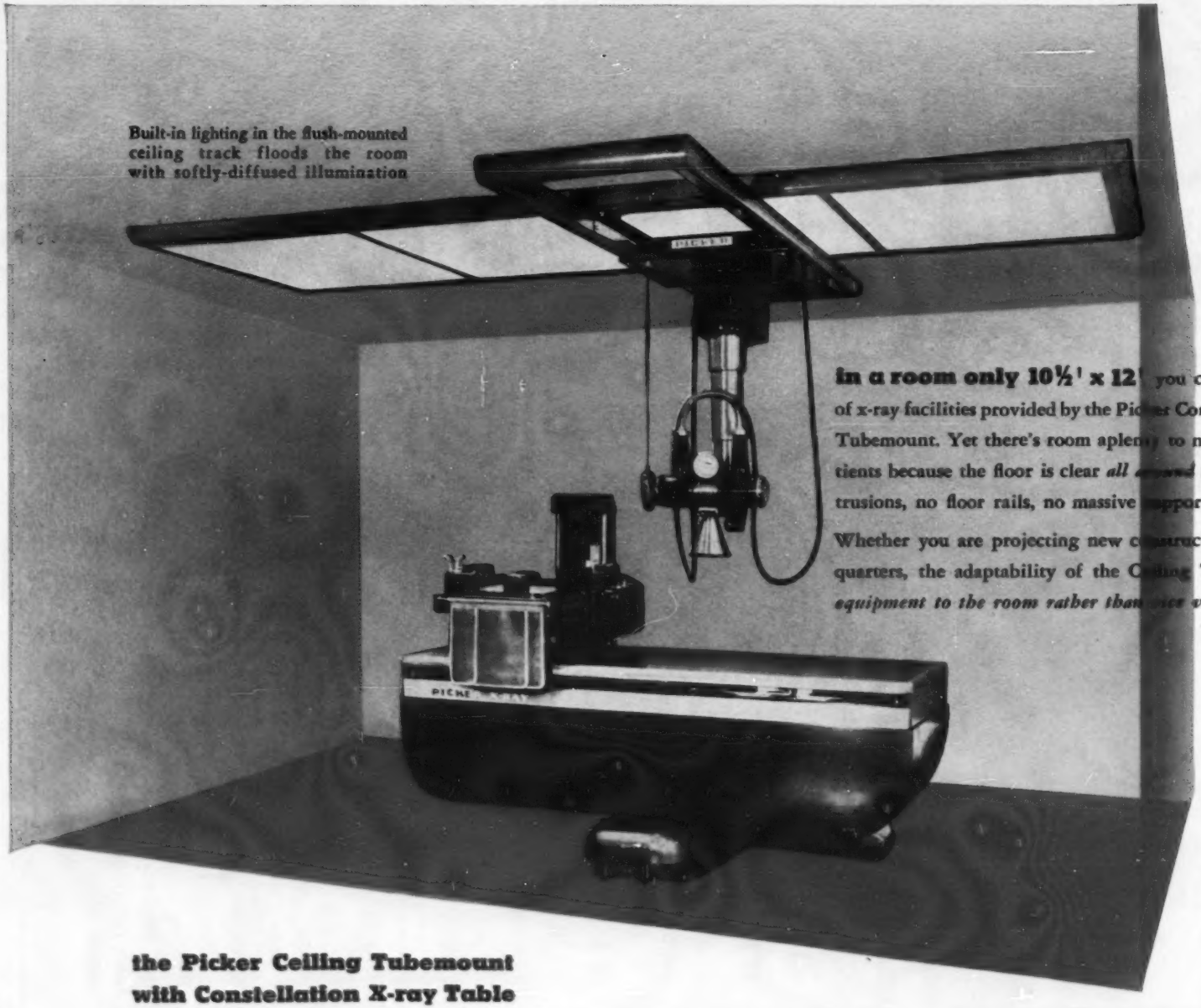

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Vol. 31 **December, 1954** No. 12

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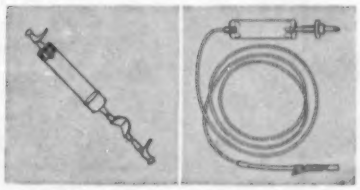

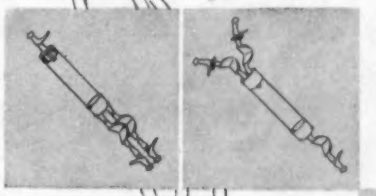

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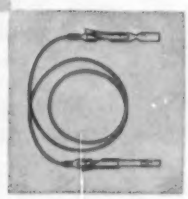

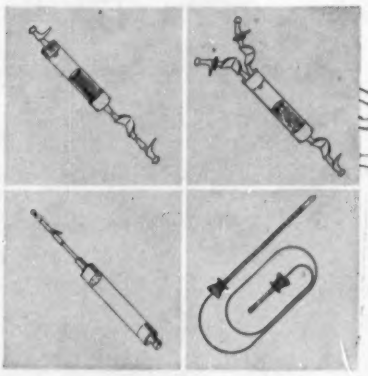

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◂ Notes About People ▸

Gordon Frith Now at Nanaimo

Gordon Frith is now administrative assistant and accountant at the Nanaimo Hospital, Nanaimo, B.C. He had been accountant and assistant to the administrator at the West Coast General Hospital, Port Alberni, B.C., for the past two years.

Mr. Frith began his hospital career at Lodge Moor Hospital in Sheffield, England, fifteen years ago. It was interrupted during the war when he served in the Royal Air Force for four years. After studying hospital administration and becoming an Associate of the Institute of Hospital Administrators, England, he came to Canada and was appointed to the position of business manager at the Saskatoon City Hospital. During his four years in Saskatoon, he was very active in the Society of Industrial and Cost Accountants of Canada of which he was president. (See page 35.)

* * * *

New Appointments at Port Arthur General Hospital

James A. McNab of Vancouver, B.C., has been appointed administrator of the Port Arthur General Hospital, Port Arthur, Ont. Miss Christina L. Keehn, former secretary-treasurer, is now assistant administrator. Mr. McNab succeeds Douglas R. Peart who is the new superintendent at the Ottawa Civic Hospital.

James A. McNab

Mr. McNab received his Bachelor of Commerce degree from the University of British Columbia in 1949 and, in the fall of that year, he enrolled in the post-graduate course in hospital administration at the University of Toronto. After completing his administrative residency at the Vancouver General Hospital, he was appointed senior administrative resident there. Then Mr. McNab went to Kemano, B.C., as administrator of the hospital operated by the Morrison-Knudson

Christina L. Keehn

Co. of Canada Ltd., and from there to Prince George, B.C., as administrator of the Prince George and District Hospital. His last position was with the Province of British Columbia as hospital inspector and consultant.

Miss Keehn, a native of Port Arthur, has been on the hospital staff during the past 14 years. She recently completed the Canadian Hospital Association extension course in hospital organization and management.

* * * *

New Appointment for Hilda M. Bartsch

Hilda M. Bartsch has assumed the office of executive secretary and registrar with the New Brunswick Association of Registered Nurses, with headquarters in Fredericton. Previously, Miss Bartsch was superintendent at the Charlotte County Hospital, St. Stephen, N.B.

A native of New Brunswick, Miss Bartsch received her preliminary education in Saint John before going to the Montreal General Hospital in Montreal, P.Q., for her professional training. After various nursing positions, she took post-graduate training at the School of Graduate Nurses, McGill University, Montreal. In 1943, Miss Bartsch returned to New Brunswick as superintendent of the Victoria Hospital, Fredericton. Later, she became director of nursing at the Moncton Tuberculosis Hospital before assuming her position at the Charlotte County Hospital in St. Stephen.

* * * *

Of Vocation and Avocations

Earle P. Scarlett, M.B., of Calgary, Alta., is one of the many medical men who find time in busy schedules for a variety of noteworthy activities. Chancellor of the University of Alberta, Dr. Scarlett is also president of the Calgary Associate Clinic and senior consultant in medicine at the Colonel Belcher Hospital. For many years, he has been editor of the *Historical Bulletin* of the Calgary Associate Clinic. His interest in music, art, and community life generally has found many expressions. He is a member of the board of the Calgary Symphony Orchestra, a past-chairman of the regional advisory board of the Canadian Broadcasting Corporation, a member of the Rhodes Scholarship

(Continued on page 16)

E. P. Scarlett, M.B.

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Notes About People

(Continued from page 12)

Selection Committee, Alberta, and a life-member of the Calgary Y.M.C.A. Above all, Dr. Scarlett is a man who can express his knowledge, beliefs, and ideals with considerable literary ability. From undergraduate days, when he founded and edited *The University of Toronto Medical Journal*, his words have appeared in many publications, including *The Canadian Hospital*. Especially appropriate during the feast of Christmas is his article on page 33.

* * * *

Assistant Secretary Appointed to Canadian Nurses' Association

The Canadian Nurses' Association has announced the appointment of Rita MacIsaac to the staff of the national office as assistant secretary (bilingual).

Miss MacIsaac is a graduate of the school of nursing at the University of Ottawa. She holds a certificate in public health nursing from that school, and a certificate in administration and supervision in public health nursing from the school of nursing at the University of Toronto, Toronto, Ont. She has had experience with the Victorian Order of Nurses for Canada and with the Official Health Agency in staff, supervisory, and administrative capacities. Her most recent position was that of senior district supervisor with the Department of Health, City of Ottawa.

* * * *

Honour to Dr. W. S. Lindsay

At the annual meeting of the College of Physicians and Surgeons of Saskatchewan, held in Saskatoon in October, honour was paid to a former dean of the college of medicine at the University of Saskatchewan — Dr. W. S. Lindsay. In tribute to Dr. Lindsay, who was dean from 1926 until 1952, Dr. J. F. C. Anderson of Saskatoon delivered an address. Former students and colleagues presented a life-size portrait of Dr. Lindsay, which will have a place of honour in the university. The latter also provided the university with the funds for a Lindsay gold medal award for proficiency, to be given annually to the outstanding graduate in medicine.

Director of Nursing Services at University Hospital, Saskatoon

Mary Kathleen Ruane has become the director of nursing services at the new University Hospital, Saskatoon, Sask. For the past nine years, she has been superintendent of nurses at the Children's Hospital, Winnipeg, Man.

A graduate in nursing from the Misericordia General Hospital in Winnipeg, Miss Ruane has had varied experience in hospital work as well as being active in nursing associations. Until recently, she was first vice-president of the Manitoba Association of Registered Nurses.

* * * *

Tribute to René Laporte

The Montreal Hospital Council honoured René Laporte at a testimonial dinner, held in Montreal last month. Mr. Laporte, who recently retired as superintendent of Hôpital Notre-Dame, has been active in the Montreal Hospital Council for several years. His many services to the council were pointed out by J. H. Roy, president, who presented Mr. and Mrs. Laporte with matched luggage. Others who paid

(Concluded on page 20)

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Notes About People

(Concluded from page 16)

tribute to Mr. Laporte included Dr. J. Gilbert Turner, vice-president of the Council, and Dr. Harvey Agnew, who brought the best wishes of the Ontario Hospital Association, of which he is president. Dr. Agnew also spoke of Mr. Laporte's many services to the Canadian Hospital Association and to *The Canadian Hospital.*

* * * *

An Appreciation

Canadian medicine suffered a great loss in the death, last summer, of a pathologist of wide renown—William Lipsett Robinson, B.A., M.B., F.R.C.S. (C). For thirty-five years, Dr. Robinson was pathologist to the Toronto General Hospital and for some thirty-nine years was in the department of pathology at the School of Medicine, University of Toronto. He was a Charter Fellow of the Royal College of Physicians and Surgeons of Canada, a past-president of the Ontario Association of Pathologists, and a member of the Canadian and American associations of pathologists, as well as several other medical and scientific bodies.

Many have paid tribute to Dr. Robinson, including W. J. Deadman, B.A., M.B., of Hamilton, Ont. In *The Canadian Journal of Medical Technology*, Sept., 1954, he said, in part: Dr. Robinson was "a great pathologist, a great teacher, a great medico-legal expert, and a great Canadian". As a teacher, "his wide and deep knowledge of pathology, his orderly mental processes, his clarity of expression, and his love of teaching were all reflected in lectures and demonstrations of surpassing quality". As a medico-legal expert, "he had few equals . . . His loyalty to his ideals, his philosophy of life, and of living, his understanding and love of human nature enthroned him in the hearts of all who came to know him well".

* * * *

She Taught by her Example

A nurse and a woman of outstanding qualities—Miss Fanny Munroe—died last October in Montreal. From 1939 until her retirement in 1949, she was superintendent of nurses and director of the school of nursing at the Royal Victoria Hospital in Montreal.

During her lifetime, Miss Munroe won some of the highest distinctions of her profession. For her overseas service with the Royal Canadian Army Medical Corps in World War I, she was awarded the Royal Red Cross. She was a past-president of the Canadian Nurses' Association, the Alberta Registered Nurses' Association, the Overseas Nursing Sisters' Association, and of the Alumnae Association of the Royal Victoria.

It is said of her that she gave to the duties of her profession her full devotion and never failed to hold the respect of all who worked with her or under her. No higher tribute could be paid than to say that she taught mostly by example.

* * * *

Sister Felicitas Sullivan

Sister Felicitas Sullivan, who graduated in 1915 from St. Michael's Hospital, Toronto, Ont., died recently. Sister Felicitas was the first sister in charge of the x-ray department at St. Michael's. In 1923, she organized the History Room. Later she went to St. Joseph's Hospital, Comox, B.C.

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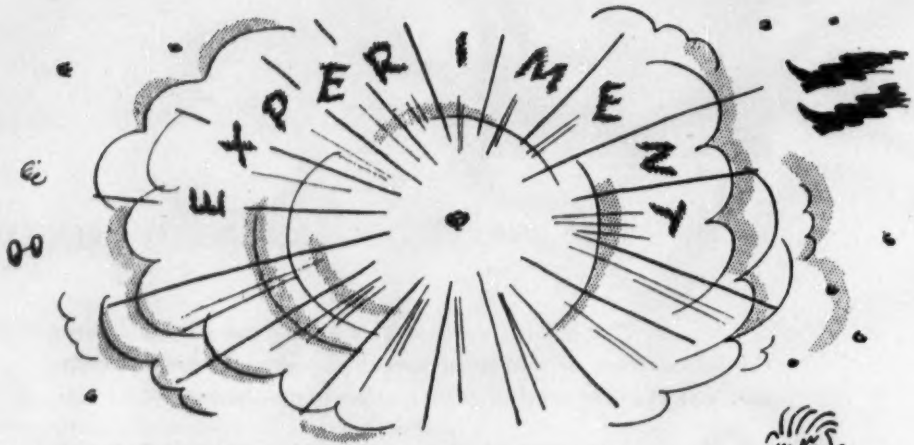

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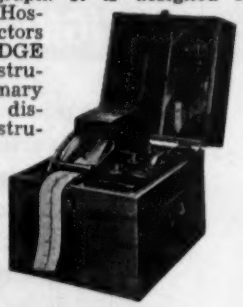

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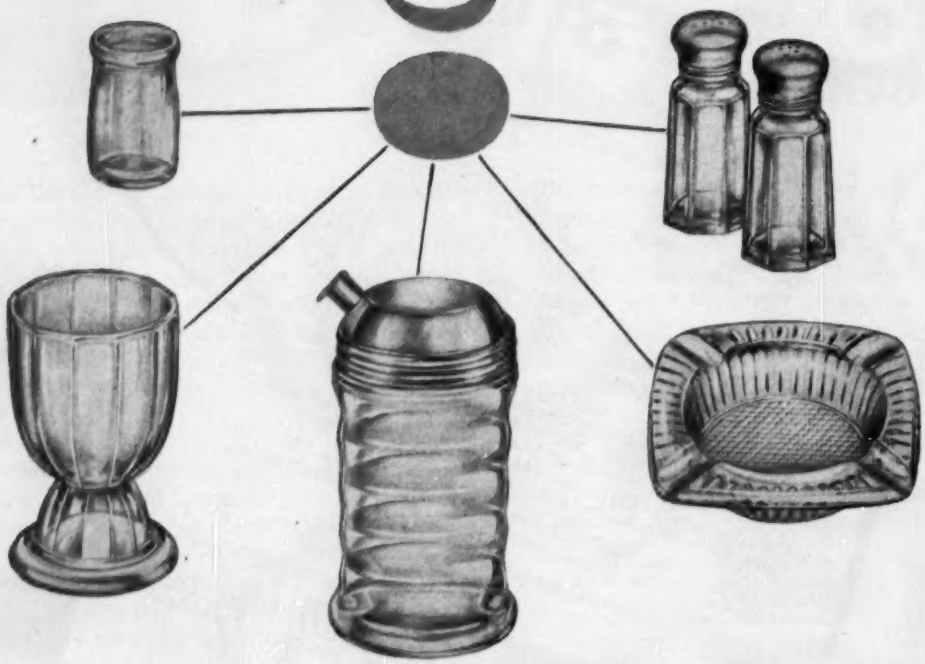

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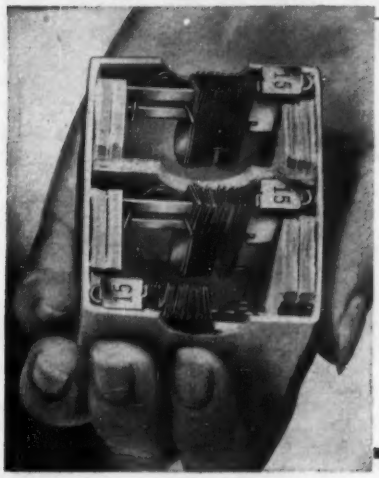

1 The New

½ GROSS RACK-PACK—package containing one size of B-P RIB-BACK blades on three arms—24 blades to the arm. This addition to the RACK-PACK family embodies the same convenience in use and blade protection as the one gross RACK-PACK . . . and is equally a "TIME and LABOR SAVER" for O. R. personnel.

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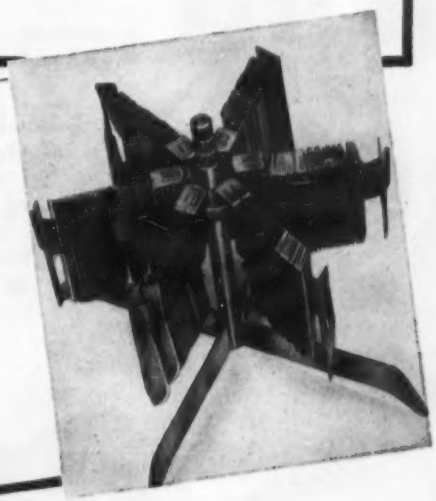
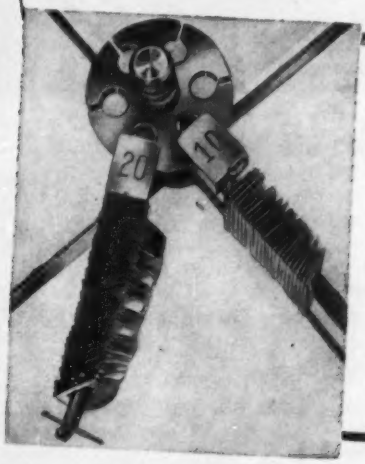
6 ARM, RACK-PACK STAND—which serves as permanent equipment, and fits the B-P Blade Jar. It meets hospital O. R. requirements for a larger "on-hand" selection of ready-to-use RIB-BACK blades.





3 The New

BLADE NUMBER TABS—Each RACK-PACK arm is equipped with a NUMBER TAB which clearly identifies the blades—when in the package—when in the sterilizer—so that quick easy identification of blades can be made in the O.R.

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W. Douglas Piercey, M.D., Editor

The Canadian Hospital

Obiter Dicta

What of the Night?

IN THIS ISSUE we publish the final installment of the article entitled "What of the Night?" by Joseph J. Doney, Jr. (See October page 48 and November page 40). The writer focuses attention on a phase of hospital administration which, in the past, has often been neglected. Hospitals are evolving constantly and the days when the majority of patients required merely a minimum of nursing care at night have now passed. The shortening of the patient's stay and the resulting intensification of treatment means that more nursing care is required during the night hours and more stand-by services from other departments must be available. As Mr. Doney has pointed out, the prevailing practice of either burdening the night supervisor with general administrative responsibilities or having one member of the day administrative staff "on call" to cope with problems arising during the night is certainly not ideal. To be on call implies absence; and there will be, inevitably, a reluctance to refer to the day administrative staff, by telephone, problems occurring during the night, unless they are of paramount importance. Thus some important points in general administration and in the field of public relations will not receive the attention which they warrant.

Mr. Doney is not unaware of the difficulties inherent in the appointment of a full-time night administrator. He does, however, indicate the many benefits which can be derived from such an appointment. We believe that his article is timely and that it throws much light on the question "What of the Night?"

Christmas in the Hospital

CHRISTMAS is the time of the year when families make the maximum effort to be with each other.

Hospital patients are no exception and it is understandable that the hospital census is at its lowest ebb a few days before Christmas. However, those patients who have had to stay in hospital over Christmas have found it a very interesting and enjoyable experience and not nearly the ordeal that many supposed it would be, separated from loved ones on this day of all days.

If one is unable to spend Christmas at home, a very good place to be is in the hospital. While much good will, on the part of the staff, is in evidence the year round in the hospital, the extra friendliness apparent everywhere at the yuletide season also pervades the institution. This friendly spirit, with the decorations, carols, and special Christmas menus, is very much in evidence.

Anyone who has been privileged to witness Christmas day on the children's ward of a general hospital knows this is a very happy occasion. Only the long-stay cases and those still recovering from an acute illness will be present. Santa Claus with all his duties still finds time to pay a visit to the children's ward — and everyone has fun.

To the many volunteer organizations which take a special interest in the general hospital at Christmas time, providing little extras for the patients, to the hospital employees, and all those who radiate an extra warmth of kindness at this season, a very big thank you.

Best Wishes

ONE IS INDEBTED to "The Canadian Hospital" for the privilege of extending seasonal greetings to the hospital people of Canada.

At the Christmas season we commemorate the birth of our Master Pattern of Service. If hospital personnel are to gain and retain the respect of the community their chief motivating factor must be service. Each day hospital personnel have an unusual opportunity to afford sympathetic consideration to suffering humanity and to make each day of the year Christmas day by giving service and sympathy to those with whom they work and those patients for whom they provide service.

To all hospital people everywhere, may one wish a Merry Christmas and that enduring happiness which comes from the consciousness of each day's work well done for the year 1955.

A. C. McGugan, M.D.,
President,
Canadian Hospital Association.

Meilleurs Voeux

QU'IL ME SOIT tout d'abord permis d'exprimer ma reconnaissance au journal, "The Canadian Hospital" à qui je dois le privilège d'offrir ces voeux de la saison des Fêtes à toutes les personnes engagées dans le service des hôpitaux au Canada.

Au temps de Noël, nous Commémorons la naissance de notre Grande Modèle de dévouement. Si le personnel d'hôpital veut gagner et conserver le respect du public, son motif principal et son mot d'ordre doit être: servir. A chaque jour, le personnel d'un hôpital a une occasion unique de tourner son attention sympathique vers une humanité souffrante et de faire de chaque jour un véritable Noël en rendant service avec sympathie et dévouement à leurs confrères, comme aux patients confiés à leurs soins.

A tous les personnels d'hôpitaux partout, qu'il me soit permis de souhaiter un Joyeux Noël, et, pour l'année 1955, ce bonheur durable que l'on ressent en prenant conscience d'avoir bien accompli son devoir de chaque jour.

A. C. McGugan, M.D.,
Président,
L'Association des Hôpitaux du Canada.

"For in Courtesy is the Grace of God"

E. P. Scarlett, M.B.,
Calgary, Alta.

AS A PHYSICIAN I must acknowledge my indebtedness to hospitals and their officials past and present. In so doing, I proclaim not only the unity of hospital life but, even more so, our duty to the spirit of the hospital in which it is our privilege to work. From the early days when I walked the wards as a student up until the present time, the hospital has been part of my life. Looking back over those years, I must pay tribute to the co-operation of hospital officials and acknowledge the way in which they have fitted into the great mission of medicine. In this respect, I can only bow to the calm associated with destiny, wisdom, orchestra conductors —and hospital administrators.

May we here reflect on the intellectual and moral responsibilities of hospital administration. The many technical and business details associated with your work are not within my province or authority; and here I must echo Ko-Ko's song in *The Mikado*: "The task of filling up the blanks I'd rather leave to you". Rather it is certain broader aspects of hospital life that I am concerned with. It may be set down at once that regard for our inherited tradition brings with it special responsibilities for nurturing the essential role and position of the hospital in society.

Modern societies in an incredibly short space of time have brought about a revolution in the concept of the whole complex business of medical care. They have done so in response to a changed and still changing world situation and climate of opinion. Such concepts as the right of the citizen to care when sick, the welfare state, the increasing participation of government in health matters — these social changes have altered the hospital world at the same time as the far-reaching developments of medical science and the application of efficiency methods have brought about equally revolutionary changes. The result is that the hospital which was formerly a medical and altruistic concern has now been forced into a sphere with new dimensions and problems which have no ready-made solution.

In a very real sense our particular problem at this time is to maintain the hospital in a free society. We must deal, on the one hand, with government support and direction, inevitable bureaucracy, and a certain narrowing centralization, as well as the demands of social forces and economy. On the other hand, we must endeavour to maintain individual initiative with power of direction and manoeuvre and retain the resources of the spirit that have sustained hospitals and medicine in the past.

This is not the time for analysis or detailed consideration. One principle, however, stands—and it is no shadowy abstraction. It is this. The technical advances in medicine, beneficial in their way, and the administrative machinery of hospitals equally essential, must not overshadow the vital social and individual function of the hospital. Values must not be destroyed by machinery. We must keep the hospitals humanized. We must stand out at all times against the threat of dehumanization which is inherent in the ever increasing complexity which technical and medical advances and government participation are imposing on modern society. Our concern must be with the individual patient as a social being, recognizing the personal values of life. In a larger sphere the same thing is true. We must endeavour to maintain the local autonomy of hospitals as far as this is possible in the face of centralized authority and the edicts of conformity. The healthy state of our hospitals depends on that. In a word the hospitals must endeavour to maintain not only the liberal traditions of medicine but also the concept of freedom under local government. This is all the more necessary in the face of the spiritually and intellectually oppressing materialist dogmas of our time.

Tradition

In this task a knowledge of the history and traditions of the hospital affords guidance as well as inspiration. From the beginning, in pre-Christian times, the hospital has been the creation of humanitarian impulses. In the sixth century Byzantine period, when the civil hospital system came into being, it was the expression of Christian ideals. Later, of course, there was a falling off and hospitals were created to abate the public nuisance of the sick, crippled and mentally ill. With the inception of the hospital movement in the late eighteenth century and the early nineteenth century, coming as part of the wave of social reform, hospitals became increasingly great institutions. They served as vital instruments in the progress of science and provided an integral part of medical teaching. One voluntary hospital whose spirit still inspires us came into being with the Charitable Infirmary in Dublin and later the Steevens Hospital in Dublin. The subsequent history of the voluntary hospital is a noble chapter of the human story.

In the beginning, then, hospitals were community or local enterprises; and it seems to me that so long as this character is maintained and communities accept hospitals as community

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*An address presented to the 11th annual convention of the Associated Hospitals of Alberta, Banff, June, 1954. The author is chancellor of the University of Alberta and and outstanding scholar in many fields—**see page 12.*

responsibilities, the first essential in the healthy state of our hospitals will be secure. Equally significant is the fact that the hospital has always been the embodiment of the finest humanitarian instincts over thousands of years. It is the embodiment of that impulse which makes people serve humanity by reason of self dedication. I am proud to feel that the hospital is still one of the great areas of modern life in which this motive operates.

In the face of these reflections we should remember that hospitals are social institutions, not government institutions; that in the hospital one sees a powerful living force in operation; that Sir Thomas Browne's axiom still holds true that "No one should approach the temple of science with the soul of a money-changer"; and that the hospital today, resting on these traditions and eithical foundations, is the workshop for the diagnosis, prevention and treatment of disease.

Faith and Confidence

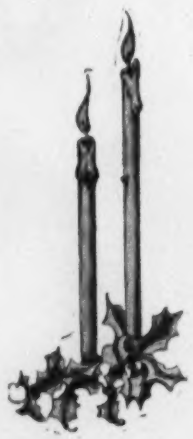
People must have faith in the hospital. This is not casually or easily earned. It is bred and maintained through the consistent high quality of daily service, and the responsibility in this regard rests with everyone who has contact with the patient. The patient—that is the operative word. I do not wish to labour a truism but our hospital activities are directed to the total and adequate care of the patient. Now the patient at times can be a most difficult and exasperating person, for generally speaking the patient is the sick man full of fear, representing human nature at its most vulnerable level, displaying the virtues and frailties of the human species. In the hospital you see every man truly in his humour, exhibiting not only the ancient humours—choleric, melancholy, sanguine, and phlegmatic—but others which human beings have picked up in their pilgrimage through this world. The patient today is the sick man with overtones, when, under the increasing social security program, the state is helping the individual to be lifted into the cradle and to totter into the grave. And sooner or later we are all patients—it is one of the great common human denominators. In the care of the patient, therefore, we must assert the primacy of the individual. Man is not a private in an army. He is not someone with a number on his back. He is not an automaton in a monolithic state. He is a human soul.

A Temple of the Spirit of Man

The word *soul* which I have just used above raises the query—what is the soul of a hospital? I despair of defining it, but you may allow me to make certain observations in this connection. A hospital is more than a block of buildings. It is a temple of the spirit of man. It practises a way of life. Its guiding force is charity, "that most excellent gift of charity, the very bond of peace and of all virtues, without which whatsoever liveth is counted dead before Thee" (*Book of Common Prayer*). The religion of a hospital is the language of immemorial things, of impressions, disciplines and influences, of deep and personal integrity. It provides unexpected shafts of sunshine through the dusty window panes of everyday life. It is the religion of repose, the antidote to fear. The religion of a hospital implies the healing ministry and the magic of faith, compounded of integrity, sympathy, and technical skill. For science without humanity becomes arid, cold and without conscience, while humanity without science becomes scrappy, shallow, and ineffective.

The Grace of God

No hospital can rise higher than its medical staff; and medicine will remain a profession just as long as physicians are gentlemen before they are business men and scientists. For medical practice is science tempered with emotion and sympathy. Similarly hospitals will remain hospitals just so long as they practise courtesy. For in courtesy is the grace of God. As Osler once put it: "In the hospital we mete out to all alike a hospitality worthy of the Hôtel Dieu and deem ourselves honoured in being allowed to act as its dispensers". It is true that in our hospital world we are surrounded by problems and immersed in the everyday drudgery, financial matters, the daily round and problems of management. We work, as Stephen Paget said, "within the ringfence of materialism". But that is all the more reason for keeping in mind the important things. Everyone of us knows that without devotion and high ideals, a hospital routine is a hard routine indeed; and without something to sustain it its drudgery can be soul-destroying.



These things, and many more, constitute the soul of a hospital, the unchanging face which it presents to the world, the directive moral purpose behind the saving and brilliant techniques of science. In working in and for hospitals we should be thankful for the privileges which the association gives us—the natural dignity of the work, its "unembarrassed kindness", its insight into life, its strengthening hold on science and reason. It is our privilege to be humble members in what Dr. Albert Schweitzer calls "The Fellowship of those who bear the mark of Pain", a fellowship of which he is such a distinguished member as he continues his work in his jungle hospital at Lambarene.

Reason for Pride

In another and most striking sense, we are privileged to be associated with hospitals. You know as well as I do the prevailing tone with regard to the present state and future of the world. Many feel that we are in the period of decline of our civilization. This they say is "closing time in the gardens of the West". It is "the age of anxiety", full of gloomy forebodings about the future. The idea of progress which sustained the nineteenth century has been dissipated. There would appear to be no virtue in the present and may survey the future with deep pessimism. But I would remind you that there is one bright spot in this chaotic world, one sure claim to progress—and that is in the field of medicine. In relatively recent

(Concluded on page 90)

Salient points in

Hospital Public Relations

Gordon Frith,
Assistant Administrator and Accountant, Nanaimo General Hospital, Nanaimo, B.C.

DURING the annual convention of the British Columbia Hospital's Association, held in Vancouver, October, 1953, a delegate rose to ask, "What is right or what is wrong with hospital public relations today?"

It is not my intention, in this article to attempt to answer the question, as I think that many of the answers are peculiar to specific hospitals and specific geographic areas. Many of the answers are, in fact, matters of opinion open for discussion and agreement by those implementing individual public relations programs. However, I will attempt to bring to the fore some of the salient points in hospital public relations and awaken in many busy administrators an awareness of the need for good public relations.

Where the Responsibility Lies

Except for the very large hospitals where a full-time public relations director may be employed, the responsibility for establishing good public relations devolves on the hospital administrator. This does not mean that public relations is delegated to a subordinate employee who handles the public's complaints to the best of his ability. The administrator who allows these complants to be dealt with at a subordinate level tends to get out of touch with the patients' reactions. Consequently, when a public storm breaks around the hospital, he has not the necessary defence to deal with the public clamour. Many administrators will say, "But I am too busy to look into patients' complaints personally". This defensive remark always brings to mind the thought that an administrator can always find time to be courteous to his patients or the general public when his particular hospital requires some piece of equipment or has need of a new building.

When it is suggested that a hospital implement a public relations program, many people immediately think that this is a short-term program designed for the sole purpose of obtaining something from the community. In fact, in many areas, the only time the hospital ever takes the trouble to improve public relations is when there is to be a local money-raising campaign for a new building or new equipment. Then, every effort is made to stimulate public interest in order to receive support for a voluntary subscription fund or a vote in favour of a local by-law to issue debentures. A hospital that only engages in short-term public relations programs will eventually sour the local community into a feeling of apathy toward it.

A hospital's public relations program should be a day-to-day and year-to-year program and can be carried on in numerous ways. The simplest definition of the term "public relations" which I have encountered is: "The essence of good public relations is enlightened conduct, adequately interpreted to the public". This definition brings out forcibly that, to achieve good public relations, a hospital must reach its public with an educational program of interpretation in order to explain the many mysterious and, what appear to the uninformed mind, very irksome procedures which have to be followed in the hospital. The educational side of public relations can be carried out through numerous media such as the press, radio, printed literature, exhibits, advertisements, and speeches.

Press

A hospital administrator who can win for his hospital the favour of the local press has gained for that hospital an important, powerful, and valuable agent in a program of public relations. Advertising, as a medium, can be used to put over an idea to the public but it is costly and is apt to have a reverse effect to the one desired. The public often has a tendency to depreciate, in its own mind, any "sales talk" which is put out by the hospital itself. However, if the favour of the press is obtained, much good public relations can accrue from well-written articles and editorials about the hospital. Not only are these free to the hospital in a monetary sense but editorial comment, as a result of appearing to emanate from a third party, tends to impress the general public to a far wider degree.

I purposely used the phrase "free in a monetary sense". Of course, nothing worth-while in this world is ever obtained free—and this applies also to good relations with the press. If you wish to have their co-operation, you must co-operate in return and not expect to take all and give nothing. The press will, on many occasions, be aware of a patient being admitted to hospital in whom they have a particular interest because of the patient's news value. Obviously, an administrator who greets a press reporter seeking such information with the reply "Sorry, no comment" is not building up good public relations. It is true that many administrators encounter difficulties in maintaining harmonious relations with the press. Sometimes this is due to a lack of understanding between the administrator and the medical staff. It is practical and possible, however, to set up a simple organization with your medical staff's co-operation to handle press releases as and when required. When a fine spirit of co-operation is established with the press many inches of valuable space will be available quite readily on request, to publicize items which will keep your community informed of hospital affairs and build up better public relations.

Radio

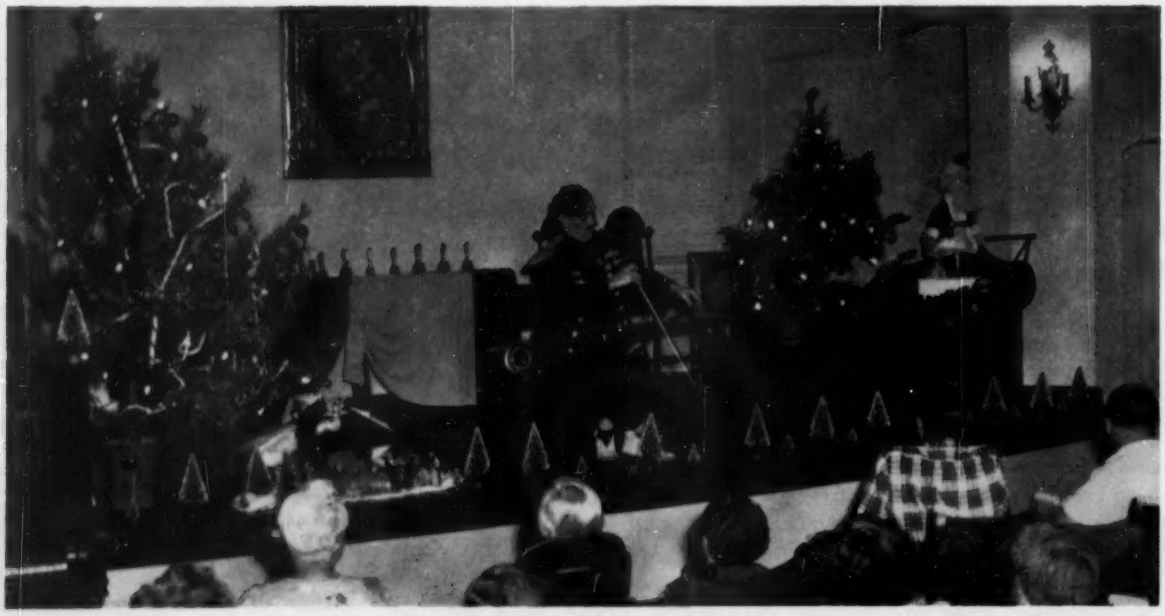
The foregoing remarks are equally applicable to the radio, except that, in my opinion, a radio news release is not as effective as a press release. A radio news release depends on the listener hearing and understanding the item by hearing it once, whereas with a press release he can digest the words at a speed most suitable to himself and, if necessary, read the item over a number of times to evaluate it. However, a local radio station can

(Continued on page 76)

For other information concerning Mr. Frith, see page 12.

Christmas at The Queen Elizabeth

The Christmas spirit is essentially one of giving and of sharing the good things of body and of spirit. The ancient call of "Good-will toward men" rings down the centuries carrying with it a tradition and a ritual which, when fulfilled, satisfies a deep-felt need and gives all who participate a "Merry Christmas".—A. L. Paine, M.D.



At the annual Christmas concert . . .

THE PATIENTS at The Queen Elizabeth Hospital in Toronto have a gay and happy time at Christmas. The festivities start about ten days before Christmas and continue right through the holiday week. The many friends of this hospital for patients with extended illness co-operate with the staff and, together, they make a wonderful Christmas for the patients.

The hospital is decorated throughout. Each floor has its own lighted tree and decorations. There are decorations that have become traditional at the hospital and are stored with the greatest care from year to year. Notable among these are costumes for a group of old-fashioned carollers who have greeted all who come into the hospital for many years. There is also a mechanical Santa who sits in his sleigh and waves to all who are passing. On the hospital lawn there is a beautiful tree illuminated by about 500 lights. This tree is so brilliant that the patients lying in their beds can see and enjoy the lovely colours that are reflected into their rooms. Every patient who can be moved, whether in a chair or in a bed, is taken to the window to see the tree in its full glory.

Helen R. Martin, O.T. Reg.,
Occupational Therapist,
The Queen Elizabeth Hospital,
Toronto, Ont.

One highlight of the holiday season that can be enjoyed by all is the Christmas music that is heard in every corridor of the hospital. This is supplied by a record player and by choirs. A large supply of records are on hand and bed-patients can choose their favourite carol when the record-player comes to their room. Each evening, starting about ten days before Christmas, choirs from neighbouring churches come and walk slowly through the corridors singing carols. Patients are invited to join in the singing if they wish to do so. These carollers certainly leave happy wards in their wake.

None of the patients are forgotten as far as gifts are concerned. Volunteer groups supply lovely gift boxes for any patients whom the nurses think might be overlooked. The patients also get great joy out of their own preparations. Those who are able to write send out cards and, also, help less fortunate patients by writing cards for them. The occupational therapy department is an especially busy place before Christmas assisting patients to make that "just right" gift for mother, sister, grand-daughter, son or friend who has been especially kind during the past year.

The Soroptimist Club of Toronto takes particular interest in the women cancer patients at this hospital. At Christmas-time they provide and attend a party for these patients. This party is given on the ward and is attended mostly by patients who are confined to their beds. There is entertainment, favours, refreshments, and fun for all.

The religious significance of Christmas is not forgotten. Among the decorations used each year is a miniature stable complete with shepherds, angels, wisemen, Mary, Joseph and the Child. All patients are given the opportunity of receiving their Christmas Communion if they wish to do so during Christmas week.

Every year the Beta Tau Sigma Fraternity gives a large party for the patients the week before Christmas. As many patients as possible, some in wheel-chairs, some in bed, are taken to the hospital auditorium for the

(Concluded on page 56)

Patient in the foreground holds bag embroidered in the occupational therapy division.

What of the Night?

Part III

IT WILL readily be granted that one of the greatest difficulties presented by organized night administration will be to hold a key person in the position of night administrator. It likewise is obvious that an individual who has the desired personal qualifications to hold the position will also be ambitious to further his career in administration. Therefore, incentives will be required in order to keep the desired person within the hospital organization.

The administrative approach to this problem should be along the lines of training and development. The position should be considered as one which offers authority and responsibility and, at the same time, provides the individual with over-all administrative experience. In this light, it offers fertile grounds as an extension of the hospital residency program, as has been suggested earlier.

Probably the individual most difficult to hold in this position for a span of more than one or two years will be the formally trained hospital administrator. Yet the paradox presents itself—this is the individual who could accomplish the most and who could offer the best qualifications.

The person who is not formally trained but who possesses capabilities which can be utilized in the position of night director will present fewer problems along those lines. Ordinarily these qualified individuals, if willing to accept a night position, are willing to remain for lengthy periods of service.

Both the night director and the administrator should be cognizant of possible lines of promotion which will lead to policy and advisory positions more advanced in the hospital hierarchy. Provision should be made for review of the night director's salary at stated intervals and he should receive perquisites appropriate to his position. These perquisites should include attendance at organized institutes and hospital meetings on local and national levels.

A determined effort should be made to draw the night director into the hospital complex by having him serve on hospital committees. He could also represent the administration at times in the community and in hospital organizational work.

The night director should be considered as one of the key administrative personnel and the administration should delegate authority and responsibility in such a manner that he becomes an integral part of the hospital organization. If the night director feels that his position is important and that he is respected by the administration for his work, a great deal will have been accomplished toward keeping this person on the job.

Line vs. Staff Authority

Where does the night director fit into the organizational picture of the hospital? On the surface this seems to be a simple question, actually it is more often an enigma. Much of the difficulty stems from the fact that he represents a myriad of people when he is on duty in addition to being the delegated representative of the hospital director.

It is extremely difficult to develop line authority for this individual because his actions take him into all departments of the hospital. Rather, he acts more in the position of an advisor to the various department heads. This is particularly true when one contemplates the organizational chart and realizes that the department heads report to specific assistant or associate directors.

The night director's primary function is to ensure and bring about smooth operation of all departments at night. This must be done, because of the complexity of line *vs* staff authority, by soliciting the co-operation of the department heads and the administration through exercise of tact, diplomacy and astuteness.

The position of the night administrator is, therefore, somewhat precarious and doubtful when considered in the light of a line function in relation to the executive and department heads of the hospital. It is this relationship to the organization as a whole which complicates the place of the night director in the organization.

In the final analysis, this is an organizational aspect of the hospital which can only be determined by the administration's approach as to how much authority and responsibility is delegated to the individual. In all probability it will take actual experience to determine the answer but, practically speaking, the true function of the position appears to be that developed by staff authority.

Areas of Development

Some thought should now be given to the specific areas which can be developed and improved through the night director's activity. The departmental sketches have shown that there is a night hierarchy reporting into the night director's office who establish an organized staff with specific functions and responsibilities. There are clearly defined lines of communication and chains of command in the well-organized night structure of the hospital. At the apex of this pyramid is the night director. What values can be derived from this organizational scheme of night coverage and night administration?

Co-ordination and direction: From the outer impression of lethargy and inactivity which many persons feel is the night appearance of the hospital, we have shown that in reality it is a dynamo of activity. To co-ordinate this activity of departments, units, and personnel and to direct it into the proper channels is the prime value of organized night administration. The parts must be welded into the whole to achieve maximum value from the operation of any single unit. There must be purpose and direction supplied by the night director to each integral unit.

Control: The night director is the logical person, both from the stand-

(Concluded on page 80)

From a thesis prepared for the Departpartment of Hospital Administration, School of Hygiene, University of Toronto, Toronto, Ont. Mr. Doney, Jr., gathered his material during his administrative residency at the Jackson Memorial Hospital, Miami, Florida.

Joseph J. Doney, Jr.,
Memorial Hospital Association of Kentucky, Inc.,
Washington, D.C.

Vital issue at B.C. meeting:

Can 1951 budgets provide 1954 care?

Murray W. Ross

CANADA'S evergreen playground was again the scene as hospital folk of British Columbia met from October 12th to 15th at the Hotel Vancouver. The occasion was the 37th annual convention of the British Columbia Hospitals' Association. The arrangement of the convention followed the now familiar pattern — two days of lectures and discussion periods, followed by two days devoted largely to Association business.

Under the chairmanship of L. F. C. Kirby of New Westminster and Frank Clark of Prince George, a full day was devoted to subjects relating directly or indirectly to the hospital insurance service, with speakers from B.C.H.I.S.

Donald M. Cox, Commissioner, acted as moderator for a round-table discussion and was present throughout the meeting to answer questions and clarify doubtful points relating to the service. Miss N. I. Grigg spoke on the value of research to hospitals and to the hospital insurance service. Many useful suggestions were put forward by James W. Mainguy concerning ways and means of keeping trustees informed on affairs of their own hospital and of developments in the hospital field generally. He cautioned against overloading busy trustees with "required reading" and other material, suggesting extracts and condensations wherever possible and the use of publications such as *Trustee*, published by the American Hospital Association.

The delicate and frequently contentious matter of hospital budgets was handled by W. J. Lyle, speaking from the viewpoint of the insurance service which must approve hospital budgets before the rate of payment is struck for each hospital. In order that they might fully understand the implications of recommendations contained in their own budgets, Mr. Lyle urged hospital trustees and administrators to look beyond their own institutions at the broader field of hospital service, to be informed on trends and developments elsewhere, and to make comparisons. In illustrating how such useful comparisons could be made, the speaker drew liberally from the annual financial and statistical reports on hospitals issued by the Dominion Bureau of Statistics. He indicated, for example, that while British Columbia had only 8 per cent of the population of Canada, 10 per cent of the general and special hospital beds were located in the province, resulting in an average of 5.7 beds per thousand of population as compared to a national average of 4.7 beds. With only 10 per cent of the beds, that province has 12 per cent of the hospital employees and 14 per cent of the graduate nurses employed in hospitals. The incidence of hospital admission is 158 per thousand of population compared with a national average of 125 admissions per thousand population.

Mr. Lyle stated that the attitude of B.C.H.I.S. towards hospital budgets was determined by government policy through legislation and the voting of money. He suggested that no additional hospital services should be instituted and no budget increases beyond commitments already made should be entertained by hospitals until salary costs have levelled off. He recommended early negotiation with employee unions so that policy on salaries and wages could be determined soon enough to be included in budgets submitted for approval. In conclusion he emphasized the need for careful thought and planning in budget preparation.

K. G. Wiper spoke on the factors involved in determining eligibility for hospital insurance coverage, and was followed by Lloyd F. Detwiller, assistant commissioner of B.C.H.I.S., who explained in detail the new admission-discharge form to be put into use shortly.

Mr. Detwiller described as significant the transfer of the responsibility for determining eligibility for insurance coverage from B.C.H.I.S. to the hospitals of the province. This was a result of the amended legislation providing for the payment of insurance benefits from the general revenues of the province. B.C.H.I.S., he said, needs audit information relating to residence qualifications, et cetera, to ensure the proper handling and expenditure of public funds. He emphasized, nevertheless, that hospitals should recognize and properly discharge their new responsibility in

determining eligibility for their own ultimate benefit and for the good of the people of the province as a whole.

During a round-table discussion of the organization of hospital improvement districts in the province, R. F. Proctor of Nelson outlined the development of the Kootenay Valley district.

No Nursing Shortage

Under the chairmanship of J. Albert Abrahamson of Revelstoke, a panel discussion entitled "Need, Demand and Supply of Nurses" was very capably presented. Ruth M. Morrison, associate professor of nursing at the University of British Columbia, acted as leader and participating with her in the panel were Edna E. Rossiter and Dr. John A. Ganshorn of Vancouver, and Harvey E. Taylor, Port Alberni.

Statistics quoted by Mr. Lyle in his presentation the previous day indicated that no shortage of nurses existed in British Columbia, at least in comparison with other parts of Canada. That no shortage existed in fact or in practice was confirmed during the panel discussion. Nevertheless, Miss Morrison pointed out that there is a tendency for nurses to gravitate to urban centres, leading to problems in the distribution of nurses and staff shortages in smaller hospitals. The panel agreed that nurses occupying senior positions in hospitals required a greater degree of administrative training than was usually provided. They emphasized the need for "teamwork at the top" between nursing, administrative, and medical staffs.

Human Values

Dr. Angus C. McGugan of Edmonton approached hospital service in a philosophical vein in a talk centring around human values. Truly devoted service is not a commodity which can be bought and sold, but is rather something which must be voluntarily given. Administration must not lose sight of the fact that hospital service is both given and received by human beings. Dr. McGugan suggested that mere mechanical and scientific achievements are not in themselves sufficient. Hospital people must maintain an enthusiasm for service, must encourage individual initiative, and must foster the Christian ideals of freedom and brotherhood, together with the concept that health is the personal responsibility of every individual.

Professor E. D. MacPhee, Director of the School of Commerce of the University of British Columbia, introduced the subject of human relations. He contrasted the pattern of living in the era of Robert Burns, referred to by Dr. McGugan, with the complexities of modern life. The industrial revolution resulting in a swing from a rural and agrarian mode of living to an urban and industrial community, and the subsequent passage of legislation concerning child labour, hours of work, minimum wages, et cetera, were events which brought new problems in human behaviour, as well as progress, Dr. MacPhee suggested.

He stated that the possession and application of knowledge in technical specialties is not administration. Rather, Dr. MacPhee indicated, administration is basically the art of handling people. It is a talent which is not inherited but which must be learned. The function of management is to guide, to lead, to plan, and to control. Success can be achieved through an understanding of the background of the worker, and of his emotional and intellectual environment. The speaker emphasized the value of high morale and pointed to the Golden Rule as a sure method of its achievement.

The question of human relations received further attention at an evening session under the chairmanship of G. Cavazzi of Kamloops with L. F. C. Kirby and C. H. Holcomb of New Westminster constituting the panel. Mr. Kirby's paper entitled "The Mechanics of the 'Humanics' on the Job" was an excellent discussion of the practical application of many of the principles enumerated by Dr. MacPhee.

Dr. G. L. Watson gave an outline of Medical Services Incorporated, a plan for the voluntary prepayment of medical expenses. Murray Ross presented a report on the activities of the Canadian Hospital Association.

Annual Meeting

At the official opening of the annual meeting of the Association, which commenced on the third day of the convention, the invocation was given by the Very Rev. Northcote Burke; and a member of the City Council graciously welcomed the delegates to Vancouver.

Greetings on behalf of the national body were extended by Dr. Angus C. McGugan of Edmonton, President of the Canadian Hospital Association. In the course of his remarks Dr. McGugan recounted some of his experiences during his term of office when visiting other provincial hospital associations. He urged his listeners to be ever conscious and aware of the role the national association plays in the hospital field across Canada. Dr.

(Concluded on page 74)

See pictures opposite.

Associations and government are well represented in this group. In the front row, left to right, are: Dr. A. C. McGugan, Edmonton, President of the Canadian Hospital Association; the Hon. Eric Martin, Victoria, Minister of Health and Welfare; and Harvey E. Taylor, Port Alberni, President, B.C.H.A. In the back row, from the left, are: James W. Mainguy, Victoria, B.C.H.I.S.; A. H. J. Swencisky, Vancouver, Past-president, B.C.H.A.; Rev. Father J. A. Leahy, Vancouver, Chaplain, B.C. Catholic Hospital Conference; J. Albert Abrahamson, Revelstoke, Vice-President, B.C.H.A.; and Donald M. Cox, Commissioner, B.C.H.I.S.

People

Make a

Convention . . .

From the left: Arthur Lightfoot, Alert Bay; T. Jamieson, Pouce Coupe; Douglas C. Stevenson, Prince Rupert; Miss E. Nordlund, Victoria; Dr. W. A. Fraser, Victoria; Miss M. E. Etherington, Alert Bay; Rev. Father J. A. Leahy, Vancouver; and M. P. Scurr, Nanaimo.

Mrs. W. Henderson, Abbotsford, at the far left, with Eric Ward, Sardis; Sister M. Alexina and Sister Mary James, Vancouver; C. J. Parnham, Cumberland; Miss M. Tagseth, Princeton; and Mrs. H. C. Walker, Abbotsford.

From the left: J. H. Hargraves, Trail; J. Monteith, Kelowna; L. F. C. Kirby, New Westminster; Vera B. Eidt, Trail; Eric Erickson, New Westminster; John Hammargen, Port Alberni; and Ivor H. Solly, Summerland.

At the far left are Sister Cajetan and Sister Floracita of Vancouver, with Miss E. Clark, Powell River; Sister Monica Murray, Vancouver; Miss E. L. Clement, Prince Rupert; and Sister Dorothy, Vancouver.

"Greetings to all . . .", president Bill Gray

Ontario Hospital Association Convention

Prosperity and Growth Through Thirty Years

Jane E. McNally

EFFICIENCY with economy can be accomplished in a tangible way if a sense of partnership exists among the individuals who make up any organization. With this thought in mind, hospital people from Ontario took the theme of their 30th annual convention to heart. Meeting at the Royal York Hotel, Toronto, from Oct. 25th to Oct. 27th, some 2,500 persons endeavoured to add to their knowledge of hospital business as a whole by making a concerted effort to understand the other fellow's point of view.

The convention program was designed to give the trustee, administrator, doctor, nurse, and other personnel, a chance to air their opinions. All of which was accomplished through prepared addresses, panel discussions, question periods, and skits. The second morning of the convention was devoted entirely to the various sectional meetings, which are always a special drawing card on the program (see page 49). Again, this year, the Women's Hospital Auxiliaries Association, Province of Ontario, held its annual meeting at the same time (see page 60). The Canadian and Ontario Associations of Medical Record Librarians also met concurrently (see page 47).

Greetings to All

On Monday morning, following the invocation by the Right Rev. George Dorey, B.A., D.D., moderator, United Church of Canada, Toronto, Dr. G. D. W. Cameron, deputy minister (health), Department of National Health and Welfare, Ottawa, delivered a speech on behalf of the Hon. Paul Martin, Q.C., minister. Mr. Martin had been prevented, by an urgent assignment to the United Nations in New York, from being present as originally scheduled. In the speech, Dr. Cameron announced the publication of a detailed study on the functions and activities of head nurses in a large general hospital. The study had been carried out at the Ottawa Civic Hospital by the Department of National Health and Welfare, at the request of the Canadian Nurses' Association. An interesting fact which came out of the report was that head nurses, whose function should be primarily managerial, are actually spending 40 per cent of their time on duties which are more appropriate to

Some 2,500 people checked in at the registration desk, during the three-day meeting.

others on the nursing staff. "It is significant," Dr. Cameron continued, "that the basic pattern of head nurse activities recorded by this study has been found also in investigations in both England and the United States". While the study was a pilot project, directed toward the more effective use of limited nursing resources, the minister suggested that "quantitative standards for the duties and responsibilities of hospital staff are essential for the most effective use of available personnel". He asked the Ontario Hospital Association to consider what it could do in this area.

Also in his opening speech, the minister placed before this audience some facts about hospital business. "It is estimated," he said, "that the hospitals of Ontario alone have a capital value of about half a billion dollars and that their expenditures now exceed $115,000,000 a year". Those in charge of hospitals must see to it that these valuable resources are used to the best advantage.

Official greetings to delegates and visitors were extended by Frederick G. Gardiner, Q.C., chairman of the council, the Municipality of Metropolitan Toronto; by Dr. W. Douglas Piercey, executive director, Canadian Hospital Association, and by J. A. Kennedy, president, The Exhibitors' Association.

Tribute was paid by the Association's president, William "Bill" Gray, Chatham, in his report, to the excellent work accomplished by the members of the association and to the head office staff for their co-operation, efficiency and devotion in the service of the hospitals of the province. So varied and wide in scope is the work of the association that it seemed difficult to single out any one activity for special attention. "To this convention you come," spoke William Gray to the delegates assembled, "in the hope of securing knowledge and having been assiduous, may you uncover here diamonds, all helpfully converging on your task".

A. J. Swanson, executive secretary-treasurer of the O.H.A., in his report, noted that as a result of the association's activities certain changes had been made in the provincial grant structure, particularly applying to payment by municipalities for indigent patients. Reviewing the work of the consulting accounting service,

Throughout the general sessions delegates were constantly reminded of the convention theme. Photos courtesy, H. V. Wyers

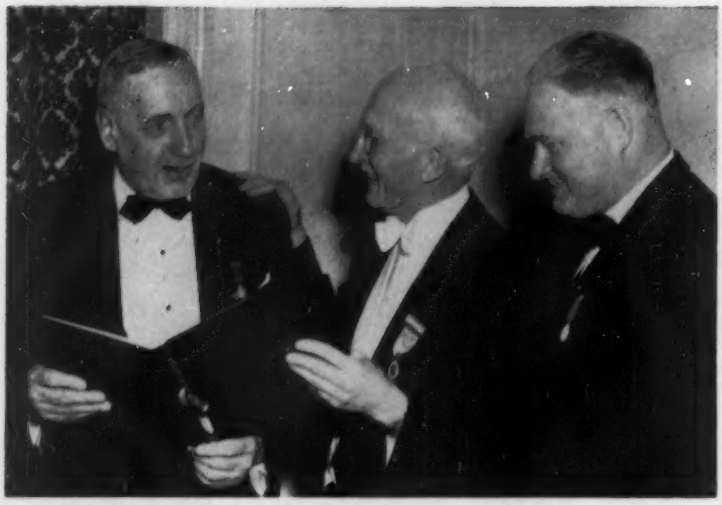
Mr. Swanson explained that some 30 hospitals had been visited during the past year. One very tangible result of the efforts of the association was the reduction of fire insurance rates by an average of 12 per cent.

Four-Way Partnership

Ever keeping in mind the theme of "Efficiency with Economy", Monday's luncheon speech by Dr. Frank Bradley, president of the American Hospital Association, entitled "The Hospital as a Four-way Partnership", set the stage for the afternoon panel. The governing board, administrator, physician, and community make up the four-way partnership and through teamwork by the partners comes efficiency with economy. "But," commented Dr. Bradley, "in reality it is a five-way partnership, with the fifth member being the very important group—the ancillary worker". Reminding those present that "the hospital is owned by and conducted for the community, by the board of governors," Dr. Bradley dwelt for a time on the necessity for good public relations.

The public must be kept informed and hospital public relations, of necessity, is tackled from a different viewpoint than that of industry. The service offered by a hospital is, on the whole, non-recurring to the same person. The raw product is the patient and he cannot be left unattended over night. Business sells a product to a consumer who seeks it willingly. Hospitals sell a service which is needed at a certain time but which is forced by circumstances upon a person who does not desire it. With these thoughts in mind, Dr. Bradley continued to emphasize the need for good relations with the community. "If a community knows the hospital and likes it," he said, "it gives the institution its respect".

In the afternoon, four people, each one playing his own real-life role, joined forces to show how they could help the four-way partnership. Trustee Reverend John Ferguson, chairman of the board, Royal Victoria Hospital, Barrie, Ont., led off with the thought that he and the other three panel members were: "Partners on one of the greatest teams of humanitarian service, with their real goal being assistance to the patient". When teamwork existed, Mr. Ferguson was convinced that the governing body was bound to be efficient. The role of the trustee was to promote complete coordination with the administrator and his board and to accomplish this the trustee must know the duties and responsibilities of the administrator. Mr. Ferguson applied the same advice to the medical staff and went a step further to suggest that the trustee



A. J. Swanson, superintendent, Toronto Western Hospital, receives the citation, which accompanies the George Findlay Stephens Memorial Award, from Dr. Harvey Agnew, Toronto, while Dr. W. Douglas Piercey, executive director, Canadian Hospital Association, who read the citation, looks on.

should make an effort to get to know the administrator and other staff members personally. "Lack of understanding is the cause of much trouble," claimed Mr. Ferguson. He warned trustees never to go over the head of the administrator for information but rather to provide the administrator with the comforting thought that the trustee is ever-ready to lend an ear to his problem. Always remembering his obligation to the public he represents, the trustee is in a good position to correct any unfavourable impressions which might arise in the minds of citizens.

Expressing the opinion that "the hospital is the length and shadow of its administrator", Robert B. Ferguson, administrator, Humber Memorial Hospital, Weston, Ont., launched into the administrator's part in the partnership. Again, with the thought that hospital business is the unique combination of many professions and skills, Mr. Ferguson stressed the absolute need for complete understanding and co-operation. The administrator accepts the responsibility for the over-all planning in the hospital and links up the various component parts. "This is his largest single contribution," stated Mr. Ferguson. Since the administrator has direct contact with the staff, the doctors, the trustees, and the community, he needs the support of all to carry on his duties effectively and economically.

"If the medical staff is to be a useful and co-operative partner in the larger partnership," stated Dr. C. W. M. Service, Lindsay, Ont., "it is essential that there be a real partnership within the medical staff". Harkening back to a time some 10 years ago, when he found himself in charge of a 220-bed hospital in a war-ravaged oriental country without administrative training behind him, Dr. Service told his audience of the troubles he had then. The hospital was short of beds, services, and supplies, and there was unrest and dissatisfaction among the staff. The situation seemed desperate until an executive committee was set up and each one learned the difficulties of the other; then all paused to reflect on the over-all problem. Co-operation and understanding resulted. No matter how up-to-date a hospital may be, it is not deserving of the name unless all personnel are giving their utmost by complete co-operation.

Stating that "a hospital without the medical staff would be like a college without a faculty," Dr. Service declared that the medical staff was the "keystone of the hospital". He was quick to note that the nurse had not been included as a partner on the panel and he paid tribute to the vitally important role which she plays by her service to the patient.

M. McIntyre Hood, managing editor, Oshawa Times-Gazette, Oshawa, Ont., who represented the community, reminded his audience that oftentimes the community did not know the vital facts about its hospital. "People do

Rev. John Fullerton, Toronto, left, chats with Dr. G. D. W. Cameron, deputy minister (health), Department of National Health and Welfare, Ottawa. Right: delegates from Sudbury, included, left to right, Sister M. Felicitas, superintendent, Sudbury General Hospital, Sister M. St. Leo, operating room supervisor, Sudbury General Hospital, and Mrs. Ruth MacMillan, director of nursing, Sudbury Algoma Sanatorium.

not understand that they have a part to play in the hospital's life," exhorted Mr. Hood. Too often the community is only made aware of the hospital's existence when there is a fund raising campaign in progress. As a newspaper man, Mr. Hood expressed the opinion that, in some cases, newspapers have fallen down on their job of keeping the community informed. However he stated that "secrecy does not lead to support" and he implored hospital trustees to give newspapers more material. "By educating the community in hospital affairs, a way could be opened up to have citizens play their part in the partnership," advised Mr. Hood. Again emphasizing the need for community support, Mr. Hood warned "if we don't use it, we may lose it".

Marilyn Bell, world-renowned swimming champion, centre, was among the high school students who attended the session on hospital careers. Mary Jane McKnight, left, student nurse, Hospital for Sick Children, Toronto, and Jean Pearson, physical therapist, Toronto General Hospital, right, gave Marilyn some tips on their professions.

Variety for the Trustee

Giving concise and concrete points on "Tuning up your Public Relations", K. C. Cross and A. G. Ferchat, director and assistant director, respectively, of public relations for the O.H.A., spoke to the trustees' section on Tuesday morning.

"Public relations, basically, is simply the application of common sense and good manners, as well as being more sensitive to the thoughts, feelings, and emotions of others," began Mr. Cross. Good and bad opinions are being formed all the time. And bad opinions have a habit of gathering momentum and increasing in stature. When a poor opinion is formed by a member of the community about the hospital, it is passed on to others, who in turn spread it still farther. The same is true of the opinions of staff members and the press. Mr. Cross had three basic principles for creating and maintaining good will: keep them informed; keep them inspired; and show consideration.

In his speech, Mr. Ferchat had some suggestions on how to put the three basic principles into action. He stressed the need for employee publications, regardless of how small they might be. The publication gets into the home of the employee and, if it is interestingly written, it is one way of spreading hospital news to a segment of the community. Mr. Ferchat enumerated five ways of contacting the public outside the hospital: speakers' bureau; by word of mouth; press relations; hospital tours; and the publication of the annual report. He suggested looking to industry for assistance in covering the cost of published printed material. "Keep your blinds open" is a good watchword in public relations, claimed Mr. Ferchat.

In an address entitled "Your Association at work for You", Carl N. Weber of Kitchener, a past president of the O.H.A., explained to the trustees some of the work which the Ontario Hospital Association accomplishes on behalf of the hospitals of the province. Established in 1924, the association has grown tremendous-

Some of the teenage students, interested in hospital careers, proudly display banners of their schools.

ly in extent and scope and, Mr. Weber commented, "never has the public received better hospital care than at present". Through the association, the provincial government has been approached on many matters and financial aid has been forthcoming on several occasions. Among the more recent work of the association has been a financial contribution to the accreditation program now under way in Canada. Another boon to hospitals over the past few years has been the prepaid hospital care plan — Blue Cross — which is run by the association.

Informal Panel Discussion

With A. J. Swanson as co-ordinator, the trustees' section concluded with a panel of experts discussing the topic "Where You Fit In". When asked for a description of a good hospital trustee, O. B. Rogers, board of governors, New Mount Sinai Hospital, Toronto, painted a picture of his ideal. A person with a genuine interest in the work, who is prepared to devote time to the project, and one who has a flare and talent for the honour, was Mr. Roger's "ideal trustee". Ellis C. Millard, chairman, board of trustees, Saugeen Memorial Hospital, Southampton, did not agree with the suggestion by the co-ordinator that a board member should be appointed because he had money. Of course, Mr. Millard mused, if the member has the qualifications laid down by Mr. Rogers, plus wealth "you've got something". Father Henri Légaré, executive director, Catholic Hospital Association of Canada, Ottawa, was asked by the co-ordinator what he thought was the role of the hospital in the community. Since the hospital was "born out of charity", Father Légaré felt that the hospital should enter into the every day life of the community. It serves the sick who are part of the community and to whom the community has a responsibility.

Answering the question "How do you sell your hospital to the community?", Mr. Millard did not hesitate in answering "through good public relations". The co-ordinator, when directing a question to Mr. Rogers on how to set up an ideal committee, reflected on hearing once that the most effective committee was made up of two people meeting for one day. Mr. Rogers agreed and further suggested that committees within the board should function like a cabinet with one person in charge, reporting back to the board. In this way, Mr. Rogers thought many hours of endless, and sometimes useless, debate could be eliminated. He also touched briefly on another problem — "how approaches to government should be made". Mr. Rogers warned that the individual approach should never be allowed—beware of people who think they have "an in".

Mrs. Charles McLean, chairman of the board of governors, Women's College Hospital, Toronto, had a few constructive ideas to pass on to the trustees before the session closed and she assigned them some homework. She asked the trustees to go home and sit down with pencil in hand and "make a list of all the things you know about your hospital". She intimated slyly that the trustees would be in for a surprise. They would probably find they didn't know as much as they thought. Mrs. McLean vouched for the method as she had tried it herself and had been horrified to find out how little she knew. "Dedicate the coming year to an intelligent approach to your hospital," she asked. She suggested that the trustees find out what they wanted to know from the hospital staff directly but without getting under foot.

At the end of the panel the audience was asked to comment on the type of program they had just heard. All agreed that they liked the informal approach and had learned much during the discussion. Rev. John J. Ferguson, Barrie, was elected chairman of the trustees' section for the coming year.

Hospital Costs?

What can we do about hospital costs? — an ever-present problem. But certainly a problem which could not be omitted from a convention program having "efficiency with economy" as its theme. Judging from the large gathering attracted to the Tuesday afternoon session, hospital people want very much to learn the "know-how" of cutting hospital costs.

The chairman, Rev. John G. Fullerton, expressed his regret that Harry Becker, associate director, Commission on Financing of Hospital Care, Chicago, Ill., had not been able to reach Toronto in time for the meeting as his plane flight had been grounded. With representatives from three professional groups within the hospital — administrator, doctor, and nurse — the discussion covered a variety of points and many practical suggestions for cutting costs were passed along.

First to take the stand was the ad-

(Continued on page 70)

Tours of the O.H.A. headquarters were featured during the president's reception on Monday evening. Here, a group is being shown the "offset" printing press on which a large percentage of the association's printed material is produced, at a considerable saving.

Canadian Association of Medical Record Librarians

Doris McPherson

THE TWENTIETH annual meeting of the Canadian Association of Medical Record Librarians was held at the Royal York Hotel, Toronto, from October 25th to 27th. Sessions commenced at noon on Monday, with the president, Marjory Riddell, in the chair. The invocation was read by Reverend K. R. Berkley and greetings were extended to the national organization by Margaret McClung, president of the Ontario Association of Medical Record Librarians. Miss Riddell, in her presidential report, reviewed the work and progress of the association during the past year.

Dr. Desmond Magner, professor of pathology, University of Ottawa, presented a paper on "Problems of Nomenclature as seen by the Pathologist". Dorothy Kurtz, R.R.L., chief record librarian of the Columbia Presbyterian Medical Centre, New York, discussed terminal digit filing and visi-shelf filing equipment. A discussion period followed the two speakers. In the evening several members toured the Hospital for Sick Children, while others attended the reception of the president of the Ontario Hospital Association at headquarters, 135 St. Clair Avenue West.

Margaret McClung of London, Ont., was chairman of the morning session on October 26th. Dr. G. D. W. Cameron, deputy minister (Health) of the Department of National Health and Welfare, Ottawa, discussed briefly but graphically the history, organization, and work of the World Health Organization. A highlight of the meeting was the talk given by Dr. William Boyd, University of Toronto, Toronto, on "The Geographical Implications of Disease". To hear Dr. Boyd speak is to hear wit and wisdom combined.

A panel discussion followed concerning aspects of the "International Statistical Classification of Diseases, Injuries, and Causes of Death". Fraser Harris, director, health and welfare division, Dominion Bureau of Statistics, gave an outline of the history of the classification and its use. A paper prepared by Dr. A. H. Sellers, medical statistician, Ontario Department of Health, Toronto, concerning the medical considerations, was read by Sallee Mosteller, Toronto Western Hospital. J. A. Keddy, D. Paed., Hospital for Sick Children, Toronto, presented the hospital standpoint. It was recognized that the International Statisical Classification is unsuitable as a classification for hospital diagnostic indexes and that the minute recording of disease entities necessary for hospital medical record departments is unsuitable for government statistics. A classification which would meet general needs is a project about which more may be heard in the future.

The business session of the meeting took place in the afternoon with the president, Marjory Riddell, in the chair. Reports concerning the board of registry, by-laws, membership, the *Bulletin*, and the extension course in medical records, were read and adopted. The financial report was also read and adopted. Reports were presented from the Manitoba and Ontario medical record librarian associations concerning work during the past year. It was the unanimous decisions of the members that associate memberships in the Canadian Hospital Association and in the Canadian Medical Association should be requested.

Frances Lindenfield acted as chairman of the morning session on October 27th. The group was most fortunate to hear a series of talks given by five physicians, on the teaching staff of the University of Toronto Medical School, on the most recent concepts in certain areas of medicine. Dr. O. H. Warwick, Toronto General Hospital, discussed lymphomas and leukaemias; Dr. J. L. Silversides, Toronto Western Hospital, basilar artery stenosis and thrombosis; Dr. Metro Ogryzlo, Sunnybrook Hospital, discussed the collogen diseases; Dr. William Bigelow, Toronto General Hospital, described new operative techniques which are being developed in the treatment of heart disease; and Dr. A. L. Chute, Hospital for Sick Children and professor of paediatrics, University of Toronto, concluded the session by his discussion of diabetes mellitus and its complications. The talks were illustrated by slides, films, and instruments. The willingness of members of the medical profession to prepare papers for presentation to our association meetings is something for which we are profoundly grateful.

The meeting concluded with the installation of the new president, Sister Margaret Clare, R.R.L., Halifax, N.S., by the retiring president, Marjory Riddell. Miss Riddell expressed thanks to the program convenors, Elva Stevens and Dalma Zdrahal, Toronto, for their efficiency and co-operation.

Officers

President: Sister Margaret Clare, Halifax, N.S.
President-elect: Mrs. Ruth Melby, Vancouver, B.C.
Past President: Marjory Riddell, Toronto, Ont.
First Vice-president: Genevieve MacDuff, Toronto, Ont.
Second Vice-president: Lillian McNee, Vancouver, B.C.
Secretary: Mrs. Gladys White, Halifax,
Treasurer: Doris McPherson, Toronto, Ont.
Councillor: Sister Keevil, Kingston, Ont.

Unused Hospital Beds in England

Mr. Ian Macleod, British Minister of Health, when asked recently in Parliament how many hospital beds were unusable, in the regional board areas of the country, through a shortage of nursing and other staff, replied that the total number of beds unusable for lack of staff in both teaching and non-teaching hospitals at 31st of December, 1953, was 18,791.—*"The Hospital", September, 1954*

40th annual meeting

Manitoba Nurses Value Educational Programs

THE 40TH ANNUAL MEETING of the Manitoba Association of Registered Nurses was held in Winnipeg, Sept. 29th to Oct. 1st, as part of the Manitoba Hospital and Nursing Conference. The program consisted of three business sessions, three general sessions, and the annual dinner meeting.

Educational Programs

Reports given during the three-day meeting revealed unusual activity during the past year in relation to the formation of district associations and in educational programs. In regard to the latter, the report of the executive secretary, Lillian E. Pettigrew, Winnipeg, stated: "Mindful that the unparalleled demands of our tragic polio epidemic involved a large percentage of our members in emergency services until late November, 1953, it is nothing short of amazing that so much could be done, in addition to normal duties, by nurses in full-time employment".

In all, eight institutes were held between November, 1953 and September, 1954. They were devoted to the study of rehabilitation nursing; interpersonal relationships; poliomyelitis nursing; administration of nursing services; ward administration — teaching and supervision; evaluation and testing; and pre-natal education. The instructors who attended the institute on poliomyelitis nursing subsequently conducted classes for nurses in their respective hospitals, health agencies, and communities.

An interesting report, entitled "C.N.A. Round-up, 1954" was presented by a group of Manitoba nurses who had attended the biennial meeting of the Canadian Nurses' Association in Banff, Alta., in June. Their recollections were skillfully enlivened by coloured slides taken by several members who attended.

One of the highlights of the meeting was provided by Mrs. Frances Kreuter, associate professor of education, Teachers College, Columbia University, New York, who addressed a general session on the subject of "Undeveloped Potentials of Nursing Care". Mrs. Kreuter spoke of some of the conclusions drawn from a study of the function of nursing in which she has participated during the past four years. In suggesting that it is necessary to consider the function of nursing in terms of elementary, technical, and professional ability, Mrs. Kreuter used a dramatic script to demonstrate the skills of perception and action in caring for a patient at these levels of nursing ability.

A very large audience attended a panel discussion on the professional nurse and labour legislation. Mary E. Wilson was chairman for this session and participants in the panel were: Alice Wright, executive secretary of the Registered Nurses' Association of British Columbia; Margaret E. Cameron, director of nurses, Winnipeg General Hospital; Winnifred M. Barratt, Registrar for Licensed Practical Nurses, and Elliott Wilson, Q.C., deputy minister, Department of Labour, Government of Manitoba. The discussion revealed that the majority of those, who have studied the relationship of professional ethics to the basic sociological principles of collective bargaining, believe that collective bargaining adequately conceived and creatively developed offers a means whereby nurses may speak for their professional standards and interests without ethical conflict. Professional ethics, of course, are essentially a standard of behaviour for the practitioners of the profession.

The annual dinner, held at the Niakwa Golf Club, was convened by Irene Cooper. The theme "Our Canadian Mosiac" was exemplified by the presence of new members of the association in the native costumes of their homeland and by table decorations of miniature globes and the flags of the member countries of the International Council of Nurses. The speaker for the occasion was Mrs. Aini Mikkanen, a distinguished European nurse who is now a member of the Manitoba Association of Registered Nurses and is presently at the Shriners' Hospital in Winnipeg. Mrs. Mikkanen is a graduate of the Vaasa Nursing School in Seinajoki, Finland. Soon after her graduation in 1941, she was plunged into military nursing service in the war between Finland and Russia. She was awarded both the Distinguished Service Order Medal and the Medal of Freedom by her country. — *Lillian E. Pettigrew, Reg.N.*

A.C.H.A. Advanced Administrative Conference

As part of its educational program, the American College of Hospital Administrators held an "Advanced Administrative Conference" in Chicago, October 27-29. Of the 51 registrants, there were four who had taken their training in hospital administration at the School of Hygiene, University of Toronto. These were: Leon Bennett-Alder, Winnipeg; Robert H. Cathcart, Philadelphia; J. D. McMillan, Regina; and Donald MacIntyre, Toronto.

Having as its theme "The Dynamics of Organization", the program centred primarily on the role that social science can play in the daily activities of senior executives. Professor Everett C. Hughes, a sociologist from the University of Chicago, acted as co-ordinator of the conference and was assisted by five other faculty members. Lectures presented on the first two days were entirely theoretical and were designed to stimulate interest in the application of social science to organization as well as to pass on information concerning the types of social service research taking place in industry. The final day was given over to group conferences, under the leadership of the six lecturers, and finally an open forum discussion of material which had been presented in the lectures.

The conference opened up a field of study that was new to most of those attending. The knowledge that industry is making studies to find out more about the way employees interact as a social group stimulated interest and it was made clear that similar studies in the hospital field might be of value.—*D. Mac I.*

At this year's convention

O. H. A. Section Meetings

Medical Records

The sixth meeting of the Ontario Association of Medical Record Librarians was held at the Royal York Hotel, Toronto, on the afternoon of October 27th, following the closing sessions of the annual meeting of the Canadian Association of Medical Record Librarians (see page 47). Margaret McClung, London, president, was in the chair and welcomed the members present. Mrs. Jean Mann, secretary, read the minutes of the previous meeting and Margaret Wilson, treasurer, presented the financial report. The president announced the names of the in-coming executive, who will hold office for the next two years. They are: president, Elizabeth Wright, Toronto; secretary, Phyllis Brice, London; and treasurer, Eleanor Walker, London. The meeting concluded with a few words by the new president, Miss Wright. — *D. McP.*

Dietetics

The dietetics section, under the chairmanship of M. Gladys Martin, chief dietitian, Hospital for Sick Children, Toronto, presented a varied and interesting program. The morning session got under way with Dr. D. Lawrence Wilson of the Kingston General Hospital, Kingston, Ont., addressing the meeting on "Current Concepts in Obesity". Dr. Wilson called obesity "the greatest scourge of mankind" and pointed out its dangers. He also discussed factors in appetite, treatment or prevention, and diet.

Donald F. MacRae, director of Industrial Research Services, Ontario Research Foundation, Toronto, gave a very interesting paper entitled "Curried Fire Bricks", outlining work being done in his department on food research and in manufacturing fire bricks from rice hull ash. Speaking on "The Effect of Marketing Procedures on the Consumer Acceptance of Egg and Poultry Products", Dr. Barbara A. McLaren, Head of the Department of Household Science, University of Toronto, described experimental work and results of research done at Washington State University, on eggs and poultry.

In the afternoon session, Edith M. Wark, chief dietitian, Toronto Western Hospital, discussed "Recent Trends in Dishwashing". Dietitians were made aware of the new developments in dishwashing equipment from the new electronic dispenser for detergents to the almost fully automatic dishwashing machine now available on the market. William C. Huber of Onondaga Pottery Company, Syracause, N.Y., gave a very interesting talk on china, tracing the history of china and its manufacture and pointing out factors which are vitally important in selecting china for institutional use. He also touched on the handling of china in order to preserve its beauty and ways of cutting down breakage.

The afternoon session closed with a talk by J. Earle Stephens of Detroit, Mich., who discussed food facilities with particular reference to Butterworth Hospital in Grand Rapids, Mich. Mr. Stephens pointed out that as a result of the great expenditure involved in kitchen building, planning, and equipment, a five-year course has been set up in Food Facilities Engineering at Fordham University, New York City. — *Frances Zener.*

Pharmacy

On Tuesday, October 26th, the Ontario Branch of the Canadian Society of Hospital Pharmacists held its O.H.A. sectional meeting. At the opening luncheon, 63 members and guests were present to hear a delightful address given by Dr. William J. Deadman, director of Hamilton City Laboratories. His interesting comments upon world affairs were entitled "I See by the Papers".

During the afternoon session, D. N. Thompson, chief pharmacist at the Toronto East General and Orthopaedic Hospital, presided. After the annual reports and the election of officers, a panel discussion was held on "Suggested Outline in the Teaching of Pharmacology and Therapeutics in Schools of Nursing". Participants were: Gwladwen Jones, instructor of nursing arts, Toronto Western Hospital; Helen Savage, science instructor, St. Michael's Hospital, Toronto; and Mrs. Isabel Stauffer of the Faculty of Pharmacy at the University of Toronto. Both pharmacists and nurses displayed keen interest in this part of the program which attracted over 100 people.

As guest speaker at this session we were very fortunate to have Mrs. Evelyn Gray Scott, chief pharmacist at St. Luke's Hospital, Cleveland, Ohio. In discussing, "Upgrading Hospital Pharmacies for Internship Training", Mrs. Scott reviewed the points contained in the *Minimum Standards for Pharmacies in Hospitals*, established by the American Society of Hospital Pharmacists. She also gave attention to the point rating plan for hospital pharmacies as urged by the Catholic Hospital Association of the United States. — *Phyllis Takenaka.*

Nursing Administration

Under the chairmanship of Sister M. Stanislaus, Toronto, four speakers presented papers to the assembled nursing executives. Sister Maura, superintendent of St. Michael's Hospital, Toronto, and Sister Madeline of Jesus, Director of Education, University of Ottawa School of Nursing, Ottawa, discussed different aspects of the same topic — hospital and training school relationships. Sister Maura questioned the meaning of the term "independent school" and emphasized that the training school cannot be divorced from the hospital if students are to be taught to give effective patient care. The ideal school, she said, should provide a rich cultural background and prepare the student to care for the whole human being. The hospital is more than a laboratory, she pointed out, and patient care is not abstract. The speaker stressed two further points: (1) the school itself should have complete control of the educational program; and (2) the school should draw up its own budget and hospital authorities must do all in their power to keep the school on a sound financial basis. She expressed the hope that financial conditions would not always be so difficult and

the opinion that hospital schools of accepted standards have a better chance of sharing endowments than entirely independent schools would have.

Sister Madeline of Jesus sketched the development of nursing education since the founding of the first organized schools according to the Florence Nightingale plan. She mentioned the many studies and surveys made over the years for the purpose of improving standards of education — which in turn led to improved patient care. She, too, stressed the close alliance there should be between hospitals and nursing schools and ended with the thought that "the past is inspiring, the future is challenging, the present is our responsibility".

Edith G. Young, Director of Nursing, Ottawa Civic Hospital, gave a very constructive address on the "Nursing Service Budget", outlining the method of setting up such a budget and its usefulness. She considered it important that the director of nursing should carry out this task herself because "responsibility and authority must go hand in hand". She is in a position to search for means of reducing costs without reducing service to the patient. The budget supplements the experience and skill of the director of nursing but is not a substitute for them, she said. Miss Young emphasized that the size of a hospital has little bearing on the need for budgeting and the procedures are the same for small hospitals as for large ones. She pointed out that the lack of a budget is more costly than the cost of preparing one.

The importance of books to patients, especially those who are ill for an extended period, was discussed by Margaret E. McCuaig, Librarian, Branch Public Library, Sunnybrook Hospital, Toronto. She described the organization of the library at her own hospital and suggested that in smaller hospitals a library might well be established by a volunteer organization. With respect to donated books, she warned against accepting old dog-eared volumes because patients do not find these inviting. In helping a patient to select a book, the librarian must respect individual taste, though through tact the patient may gradually be led to read better books than was his custom. Also if technical books can be made available, patients are often glad to keep abreast of their own particular field. Library service may even extend into the field of bibliotherapy; but, if not, reading for recreation in itself makes a recognized contribution toward the well-being of the individual, Miss McCuaig concluded. — *Jessie Fraser.*

Accounting Section

A well attended and enthusiastic meeting of the accounting section was held during the morning of October 26th under the chairmanship of Max B. Wallace of Toronto. Ocean G. Smith, consulting accountant to the O.H.A. and secretary-treasurer of the section, reported on the activities of the section during the year and described the difficulties which had been encountered in arranging for adequate financial support for an institute program. Approval of such a program with financial support from the national health grants had now been received, stated Mr. Smith, and it was proposed that the institute be held during the month of February, 1955.

Several alternative proposals for the institute program were briefly described by Eric Willcocks of Toronto, memo blanks were distributed to all delegates present; and Mr. Willcocks urged that each one express his views and make suggestions on the content of the program so that the committee might be guided by these in making final arrangements.

Accounts Receivable

E. Carey Robinson, C.A., assistant superintendent of the St. Catharines General Hospital, presented a timely paper on the subject "Do We Know Enough About Accounts Receivable?" From an analysis which he had made, Mr. Robinson concluded that about 30 per cent of the patients admitted to hospital in Ontario were responsible for payment of their own accounts. This figure excluded patients carrying Blue Cross or other forms of insurance, municipal indigents, et cetera. His analysis also indicated that from this 30 per cent of admissions, hospitals generally expected to collect 40 per cent of their total income. Although these figures were approximately 50 per cent of the national average, the speaker indicated that they emphasized the importance of having a thorough knowledge of, and paying close attention to, the handling of hospital accounts receivable.

The arrangement of the accounts receivable ledger into several separately balanced sections, according to the classification of account, was recommended. The total balance in each section should be compared with the balance of the previous month and previous year. Such comparisons, together with other statistical data, provide information on where money came from, efficiency in billing accounts, trends in insurance and other types of coverage, and the extent to which a hospital must engage in collections. These comparisons indicate, at the same time, the areas in which collection efforts are required. Mr. Robinson made many useful suggestions concerning the handling of receivables, including collection procedures. He placed his main emphasis on the need for analysis and comparison, and concluded by reminding his listeners that no system is better than the staff responsible for its operation. He urged the careful training of personnel involved and a planned program to maintain their interest.

The Hospital Budget

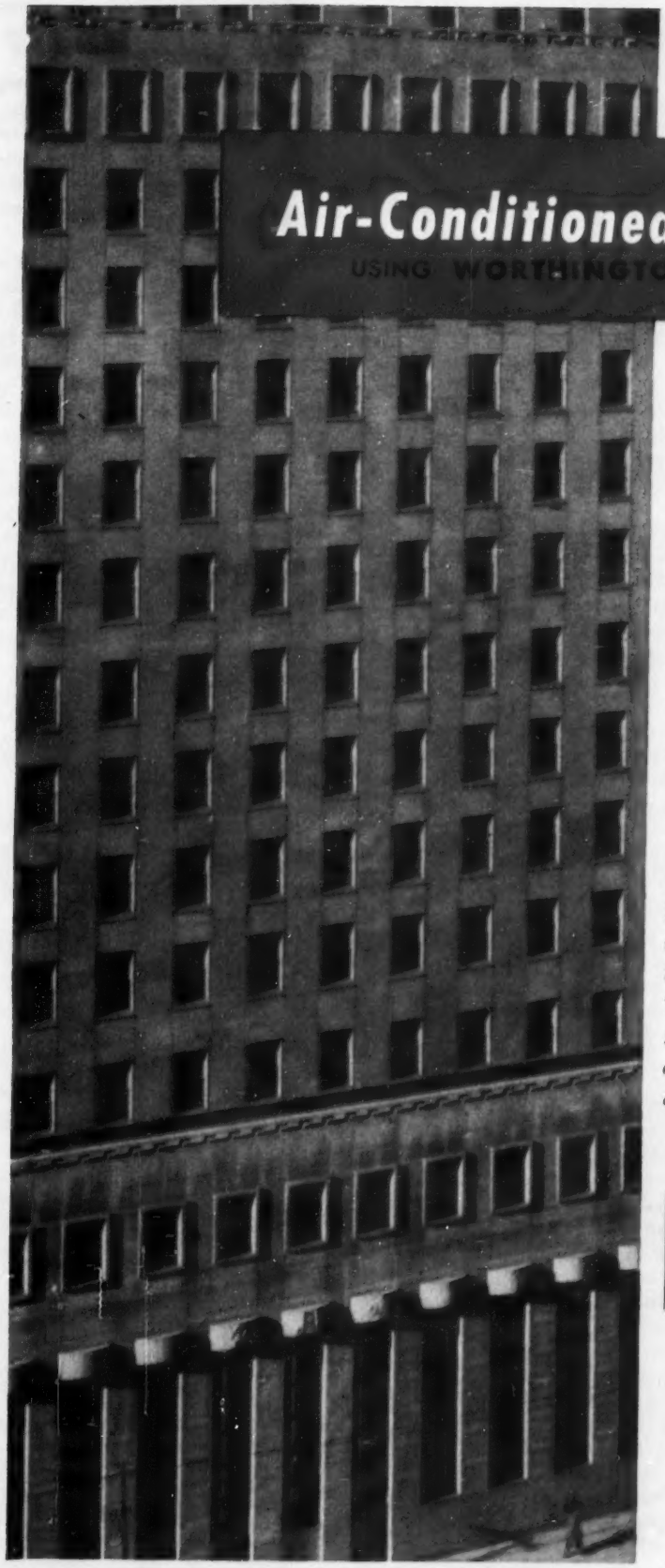
The second formal presentation during the sectional meeting dealt with the preparation and use of the budget by S. G. Anderson, C.A., of the Ottawa Civic Hospital. On the assumption that budgeting is still "preached but not practised" in most hospitals, Mr. Anderson examined the purposes and objectives of the hospital budget and went on to describe the many advantages which accrue when it is used with intelligence. He also elaborated upon the various techniques which could be employed in the preparation of the budget.

Mr. Anderson described the budget as "a guide, not a guarantee". He spoke of it as a means of educating personnel; and emphasized its value in financial control since it reveals deviations from the planned course and thus invites corrective action. The need for thinking and planning is very evident when we look around us and thinking and planning mean budgeting, stated Mr. Anderson in conclusion.

Federal Sales Tax

A lively discussion period followed the presentation of the addresses, covering a number of points and sug-

(Concluded on page 93)



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Ontario Catholic Hospitals Meet in Toronto

THE ONTARIO Conference of the Catholic Hospital Association held their 21st annual convention in St. Joseph's Hospital, Toronto, on October 28th and 29th. The Convention opened with Holy Mass celebrated by Right Reverend E. M. Brennan, Holy Family Parish. Reverend J. G. Fullerton, in his short inspiring sermon, welcomed the guests and gave them a new incentive in their work of charity.

The business session of the convention was held Thursday morning and included reports of the activities of the standing committees and the various hospital conventions to which delegates had been sent by the Conference.

Hospitals and Schools of Nursing

In the afternoon, Right Reverend Edmund J. Goebel, President of the Catholic Hospital Association of the United States and Canada, gave a most interesting talk on relations between the hospital and the school of nursing. "We are living in times of great tension," he said, "resulting from crowded conditions such as shortage of beds, labour difficulties, lack of nurses, visiting costs and many others. This results in bad humour and public relations with the patients, staff, general public and often your friends. To overcome this we should have a skillful sense of administration which involves the skill of an administrator and knowledge and understanding for the individuals."

To do this adequately the speaker told his listeners that they must love to serve. "You should love to serve in order to obtain success, you should love to serve because you are helping others and doing God's work."

"Unification of forces to make one solid wall of approach is needed for good relations between the hospital and school of nursing," said the speaker. "In its best sense, therefore, co-operative planning is co-operation under leadership. Disagreements are bound to exist, but that does not mean that discussion is incompatible with unity, nor does it imply a mental block."

"The gap between nursing school and the hospital exists because there is no understanding or united strength. God gave us five senses but in hospital administration five more senses are needed, sense of proportion, sense of worth, sense of honour, sense of humour and common sense," said the speaker.

Medico-Moral Problems

Reverend H. Légaré, O.M.I., executive director, Catholic Hospital Association of Canada, the next speaker, ably discussed medico-moral problems. Father Légaré clustered the medico-moral problems around eight basic principles: the consent of the patient; the inviolability of innocent human life; the principle of totality or subordination of part to the whole; the intrinsic finality of the sex faculties; the end never justifies the means; the basic distinction between "avoiding evil" and "doing evil"; the principle of double effect; the principle of "liberty" or that a doctor may follow what he sincerely believes to be the proper medical procedure, as long as this is not certainly wrong, and he has the consent of the patient.

After a clear and concise presentation of the principles of medical ethics, a period of discussion followed and concrete cases were brought before the speaker.

Human Relations

The second day began by a most enlightening talk on human relations among our personnel by Lawrence Dayhaw, Ph.D., of the University of Ottawa. Dr. Dayhaw brought us the present-day technique employed by industrial supervisors and department heads in dealing with their personnel and with lively interest showed us how we, too, could use this technique in dealing with our hospital personnel. He also pointed out the value of giving praise when praise was due, not just accepting good workmanship and loyal devotion to duty, as the expected thing because of the salary paid. A human understanding of the problems of the individual person and kind, helpful counsel, even material aid when necessary, bring out the best that the employee is capable of doing.

This talk was followed by a closely allied topic—"Psychological Problems in the Hospital"—presented by Dr. T. P. Dixon, director of the mental health clinic and psychiatric unit, Sudbury General Hospital. Dr. Dixon gave us a splendid picture of psychiatric problems in our hospitals today and many useful directives on how we could cope with these problems.

R. Kneifl, executive secretary of the Catholic Hospital Association of the United States and Canada, skillfully brought us through a maze of statistics and gave us an idea of the financial systems employed in hospitals in the course of his talk "The Role Ahead in Hospital Financial Management".

The afternoon of the second day was devoted to group discussion of the talks presented by the various speakers during the morning session. At the close of the session the groups reunited and gave a brief report of the discussion that took place in each group.

The convention closed with the celebration of Benediction of the Most Blessed Sacrament by His Excellency, Bishop F. V. Allen, D.D., of Toronto.

Officers

Honorary President: His Eminence James Cardinal McGuigan, Archbishop of Toronto.

Honorary Vice-President: Most Reverend M. J. Lemieux, O.P., D.D., Archbishop of Ottawa.

Spiritual Director: Reverend J. G. Fullerton, Toronto.

President: Sister Sheila, Sudbury.

1st Vice-President: Sister Madeline of Jesus, Ottawa.

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Secretary-Treasurer: Sister Murphy, Kingston.

Executive: Sister Frances de Sales, Toronto; Sister M. Evangeline, Pembroke; Sister Mary Ruth, Guelph; Sister M. Patrice, Smiths Falls; Sister Maitre, Windsor.

—Reported by Sister Murphy.

Accidents Produce Many Amputees

According to reports submitted to the World Health Organization, many more amputations are caused by accidents than by war injuries. In the United States, for instance, World War 11 produced 18,000 amputees in the armed forces. During the same period, automobile and industrial accidents, disease, and congenital deformity produced 120,000 civilian amputees.

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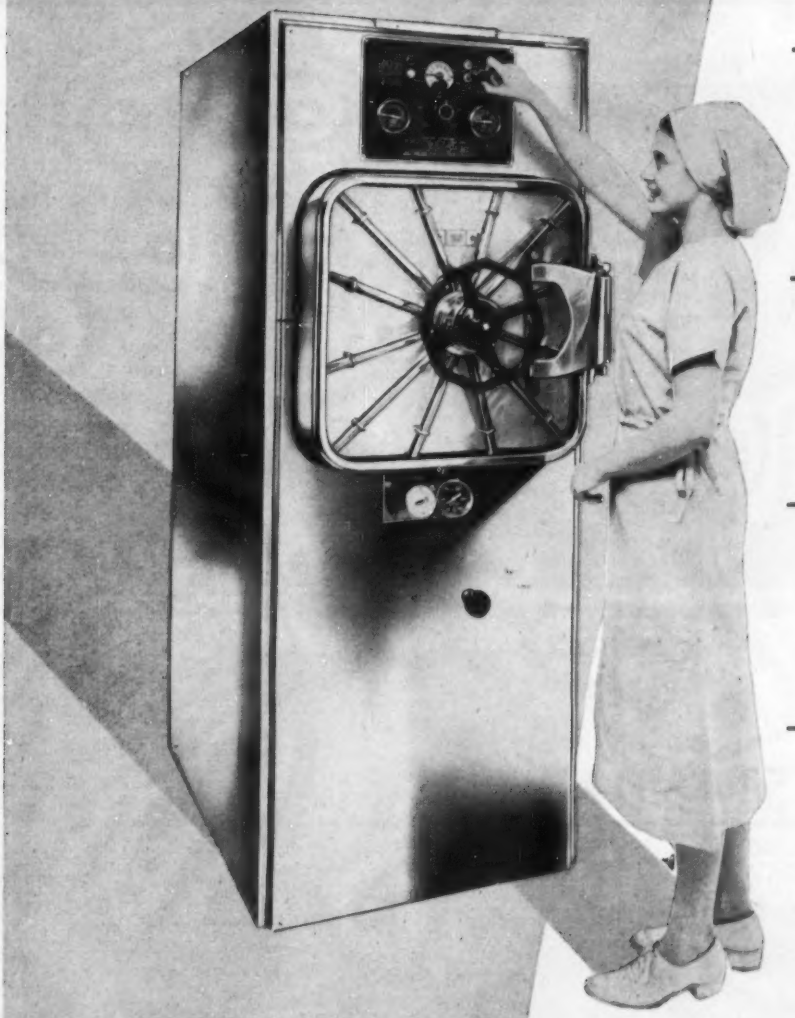

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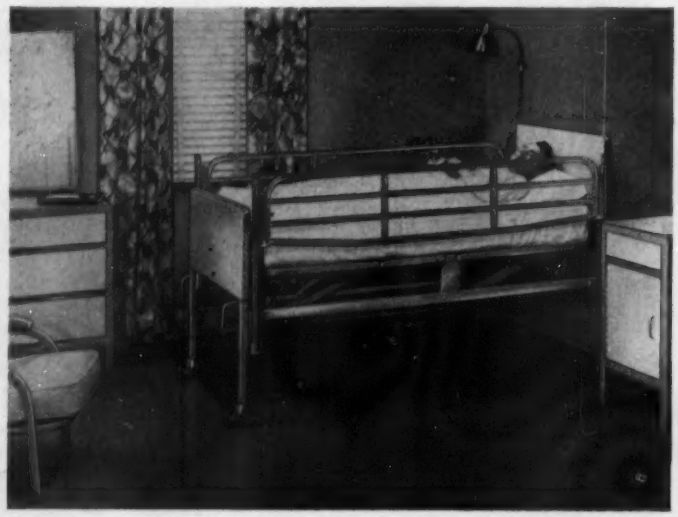

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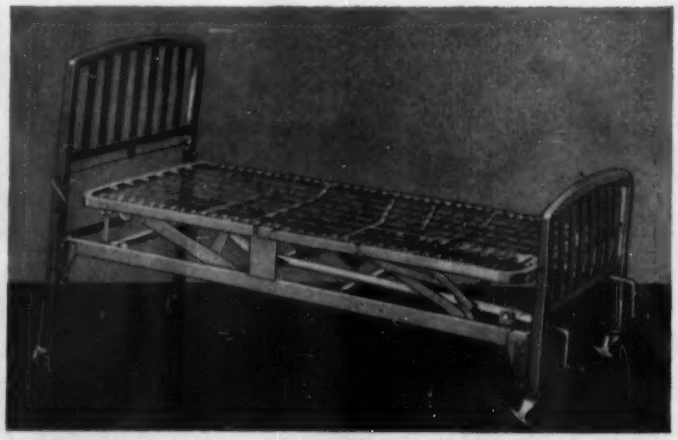

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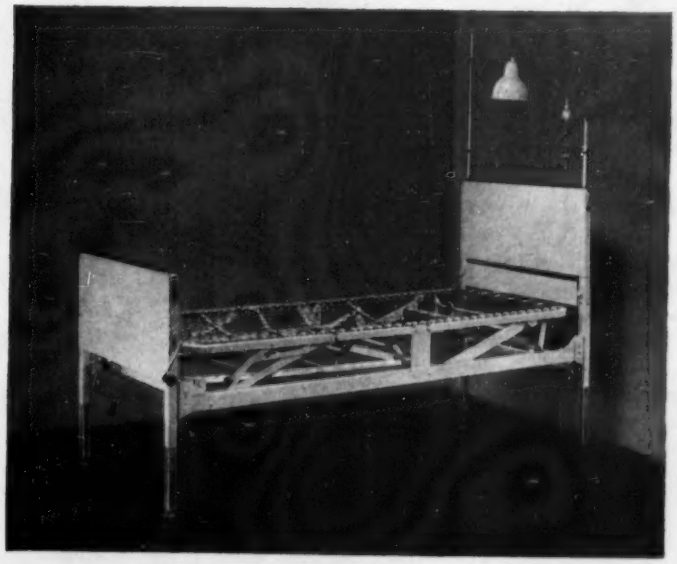

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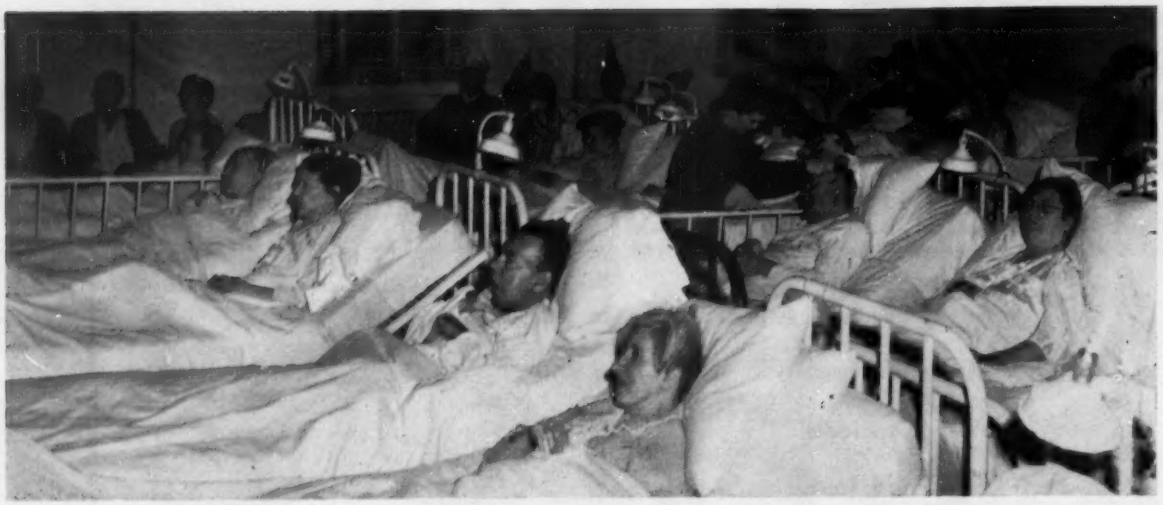


Patients who are confined to bed are wheeled to the auditorium for Christmas concert.

Christmas at the Queen Elizabeth

(Concluded from page 37)

occasion. The auditorium is beautifully decorated with lighted trees, balloons, wreaths and all the usual Christmas decorations. There is carol singing, a variety show which includes comedians and fine vocalists, refreshments, favours, and of course the evening would not be complete without a visit from Santa Claus. Santa arrives to jingle bells with a sleigh full of gifts and no one is missed. Usually the dearest old lady in the room is the lucky one to whom Santa cannot resist giving a big kiss. The patients who are unable to come to the auditorium are visited in their wards during the evening of the party by another jolly old man in a red suit. This is the evening when the whole hospital is full of Christmas cheer and gaiety.

Everything imaginable is done to make Christmas day most enjoyable. The trays are loaded with goodies at every meal and tray cloths and napkins are decorated with Christmas motifs. The dinner is the traditional turkey and plum pudding, with all the trimmings. Patients are allowed to have visitors all day and so are able to share part of the day with their friends and relatives. At breakfast each patient receives a small gift from the hospital on his or her tray. This gift is gaily wrapped and means that everyone has a gift to open first thing Christmas morn. Truly none are forgotten.

Some of the patients receive so much food and candy for Christmas that they wish to share it with others less fortunate. These patients bring their extras to the occupational therapy department and each afternoon for about two weeks tea is served there. As many different patients as possible are invited to these afternoon teas and are able to enjoy a piece of Christmas cake and some cookies, very likely home-made, with a cup of tea.

It is with a certain sadness that the Christmas decorations are taken down for another year but it is also with some relief on the part of both patients and staff. They have both had a good time and are ready for a rest from the social whirl. All good things must come to an end and everything has been so enjoyable that there are few regrets. The Queen Elizabeth Hospital is truly a gay and happy place at Christmas. ●

A.C.H.A. Breakfast Meeting

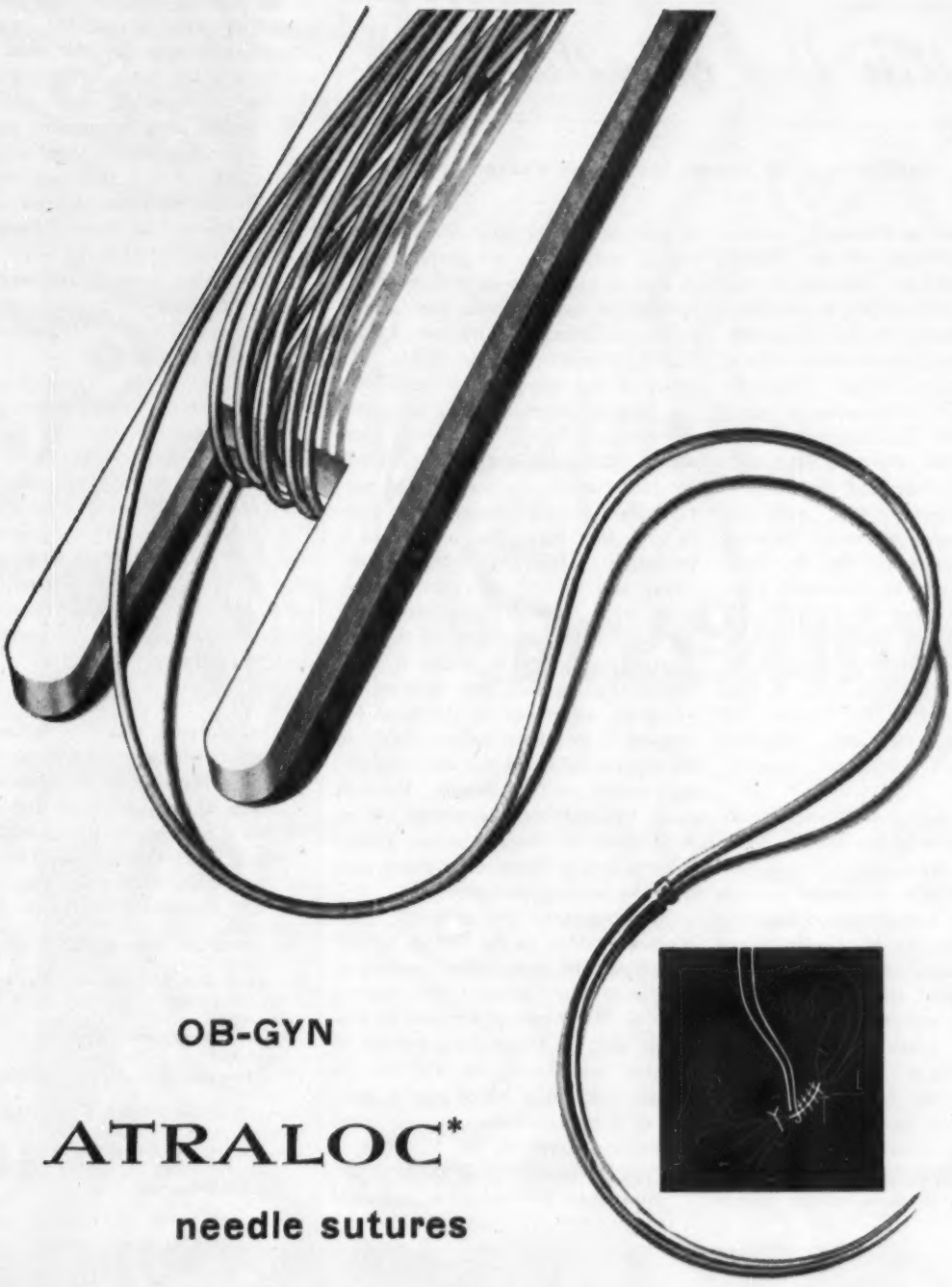
The presence of some 100 nominees, members, and fellows of the American College of Hospital Administrators at the Ontario Hospital Convention was taken advantage of in order to hold a breakfast meeting. A. J. Swanson of Toronto Western Hospital, Regent for Region No. 14, acted as convenor and chairman.

J. Dewey Lutes of Woonsocket, Rhode Island, President-elect of the College, was guest speaker, and during his brief remarks to the informal gathering he reviewed the activities of the College.

Mr. Lutes drew attention to the fact that the College was now celebrating its 21st birthday, and now included in its membership some 800 nominees, 1300 members and 175 fellows. He emphasized the importance of the role played by the College in conducting and promoting activities which provided opportunities for education of hospital administrators. Mr. Lutes mentioned the university programs in hospital administration and enumerated the various institutes, members' conferences, fellows' seminars, et cetera, which would be held during the coming year.

The speaker commended the group insurance plan which had been developed for members of the A.C.H.A., as announced at the annual meeting in Chicago in September. Mr. Lutes concluded his remarks by urging members to attend the next annual meeting and convocation of the College to be held in the Traymore Hotel in Atlantic City in September, 1955.

At the head table, in addition to the chairman and guest speaker, were: Dr. Malcolm T. MacEachern, Chicago, Dr. Frank R. Bradley, St. Louis, R. Fraser Armstrong, Kingston, Dr. Harvey Agnew and Stanley W. Martin of Toronto.



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With the Auxiliaries

B.C. Auxiliaries Hold Annual Meeting in Vancouver

The tenth annual convention of the Auxiliaries' Division of the British Columbia Hospitals' Association was held on Oct. 13th to 15th, at the Hotel Vancouver, Vancouver, B.C. This convention was the first to extend over a three-day period, which permitted more time for a broader program than previously. Two conducted tours were made of the newly-opened Health Centre for Children and the Vancouver Children's Hospital, with its separate Klausner Memorial Building which is used solely by the well-organized group of volunteers who work with and for the children. At the Health Centre, delegates showed particular interest in the work of the full-time play therapist, who is paid by the auxiliary to the Centre. The colourful interiors and delightful murals in both institutions were admired by all.

The extra day also allowed for an entire evening to be devoted to a lively round table discussion. Three speakers gave short talks on special projects in which they had pioneered for their auxiliary. Mrs. T. M. Goode, president of the auxiliary to the Burnaby General Hospital, spoke on the annual Hobby Show, which serves as a drawing card for a sale of articles made by the members. Mrs. Macpherson, president of the auxiliary at White Rock, told how the 15 groups, which make up the auxiliary's total membership of 200, had succeeded in a united effort to raise enough money to provide for the local share in the cost of building the new hospital. Also at this hospital, the superfluity shop, open three days a week, has been a profitable source of income. Peggy Shield, president of the RO-CO-HO group of teen-age girls, affiliated with the auxiliary to the Royal Columbian Hospital in New Westminster, described the work and objectives of the junior auxiliary. She referred particularly to the encouragement it gives to girls who may enter nursing as a profession. Girls who belong to the group and become interested in hospital work through their project in the paediatric department of the hospital often decide to make it their career. Failing this, they at least develop an awareness of the need for helpers in hospitals and are likely to be supporters of the hospital auxiliary and active workers therein. The talk was planned to encourage other auxiliaries to foster junior groups hoping thus to direct more young girls into the nursing profession.

The report of the president, Mrs. Forbes Perkins, to the British Columbia Hospitals' Association, meeting at the same time, stressed the growing role of the volunteer workers in hospitals and the tremendous amount of service contributed, as well as the actual cash donations of over a quarter of a million dollars in equipment of various types to the hospitals of the province in the past year.

More than 100 delegates registered for the meeting and, although not all auxiliaries were represented, it was interesting to note that the most distant ones in the north of the province were well represented.

The value of a convention is not only in hearing the excellent reports of the individual auxiliaries, which range in size from one with six members to others with several hundred, but in realizing that all over the province other women are working for one purpose — to improve our hospital service and make patients as comfortable as possible.

Continuing for a second term in office are: Mrs. Forbes Perkins, Vancouver, president; Mrs. H. C. McPhalen, Westview, past president; Mrs. F. E. Atkinson, Summerland, first vice-president; Mrs. A. Woodward, Powell River, second vice-president; Mrs. C. S. Stigings, Vancouver, secretary; Miss T. Gallivan, Comox, treasurer; Mrs. A. J. Tripp, Vancouver, publicity convenor.. — *Reported by Mrs. A. J. Tripp.*

* * * *

Saskatchewan Aids Elect Officers

The following are the officers of the Women's Hospital Aids Association, Province of Saskatchewan, for 1954-55. For a write-up of the association's recent annual meeting see *The Canadian Hospital*, November, page 62.

Honorary President: Dr. Harvey Agnew, Toronto.
Past President: Mrs. G. E. Wright, Balcarres.
President: Mrs. J. N. Adams, Tisdale.
First Vice-president: Mrs. F. H. Williams, Saskatoon.
Second Vice-president: Mrs. W. C. King, Estevan.
Third Vice-president: Mrs. B. LaBelle, Rose Valley.
Secretary-treasurer: Mrs. K. B. Drake, Tisdale.
Delegate to the National Council of Hospital Auxiliaries of Canada: Mrs. G. E. Wright, Balcarres.

➡

The annual convention of Auxiliaries' Division, British Columbia Hospital Association, attracted a large number of delegates.

Christmas Greetings!

We wish to extend to our many friends in the hospitals and sanatoria from coast-to-coast, our most sincere wishes for a Joyous Yuletide Season.

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TORONTO WINNIPEG CALGARY VANCOUVER

Toronto Scene of Ontario Auxiliaries Annual Convention

In keeping with the broadening aspect of hospital auxiliary work, the theme this year, of the 44th annual convention of the Women's Hospital Auxiliaries Association, Province of Ontario, was "Your Hospital Auxiliary as an educational force in the community". Convened, as usual, in conjunction with the Ontario Hospital Association convention, it was held at the Royal York Hotel, Toronto, on October 24th to 26th. Registration, a council meeting, and two workshops, followed by a coffee party at which the executive officers were hostesses, occupied Sunday evening.

Hospital auxiliary delegates met with those from the Ontario Hospital Association on Monday morning for the opening ceremonies of the O.H.A. convention. Later delegates adjourned to the Tudor Room where they were welcomed by their president, Mrs. H. G. Horning of Woodstock.

Two minutes silence was observed in memory of deceased members. Annual reports were then given from which was drawn an encouraging picture of increased interest in the provincial association and an improved financial situation. The registration committee reported 258 delegates registered, which was an increase of more than 25 per cent over that of the past year. The finance committee reported a bank balance of $684.00.

The president, in giving her report, told of the close relationship between the provincial association and the individual auxiliaries. During the past year, Mrs. Horning had visited many of the auxiliaries and had been able to give them much help and many valuable suggestions. There is now a mailing list of 178 auxiliaries.

The report of the Rhynas memorial fund was given by Mrs. J. D. Good, London, who told the delegates about the beautiful private room in the Brantford General Hospital which has been furnished and will be maintained by the fund in memory of the late Mrs. Margaret Rhynas, former president and executive officer of the O.W.H.A.A. Mrs. F. G. Henderson gave a stimulating picture of the interest the auxiliaries are taking in the regional councils of the Ontario Hospital Association and of the drawing in of the un-affiliated auxiliaries, with their consequent desire to join the provincial association.

Mrs. J. C. McDougall, Montreal, president of the National Council of Hospital Auxiliaries of Canada, brought the delegates up to date on what the Council has accomplished. It now has official status, having received incorporation in Ottawa in April, 1954. A library service is being developed for the use of the auxiliaries. Establishment of bursaries for student nurses and hospital social service workers was suggested as a national project. "We want to foster a spirit of universal benevolence," said Mrs. McDougall. "We believe that the greatest challenge of this generation is the establishment of organizations and associations of women of different racial, social and cultural backgrounds working together, deeply concerned with national and international health and welfare."

A large number of delegates took advantage of the opportunity on Monday afternoon to attend the interesting panel discussion, "Partners in Hospital Service", sponsored by the O.H.A.

The speaker, at the dinner on Monday evening, was Mrs. J. E. Buchan, Belleville, press and publicity convenor, who gave the summary of the auxiliary reports and spoke on "Projects and Public Relations". Highlights of the report were that there are 120 affiliated auxiliaries, with a membership of 30,354, in Ontario and that these auxiliaries raised $286,739 during the year. One unique auxiliary is that of the mental hospital in Kingston, which is filling a deeply felt need. The talk on public relations again stressed the educational force of the auxiliaries. "Informed members make good ambassadors to the public," said Mrs. Buchan.

An interesting motion picture "Bright Corridors" was shown which dealt with the volunteer work done in the New Mount Sinai Hospital, Toronto, by the auxiliary members. Following the picture, delegates had a choice of attending the O.H.A. president's reception, at headquarters on St. Clair Ave. W., or taking part in one of three workshops, under the headings: ways and means; membership; and public relations. The workshops were well attended, with spirited discussions taking place on all three subjects.

The new constitution was brought up for ratification by Mrs. E. Robertson of Kingston, on Tuesday morning. Following this business, delegates were addressed by the Hon. Mackinnon Phillips, M.D., C.M., provincial minister of health, who spoke on "Legislation as it affects our Hospitals". The speech followed the theme of the convention and delegates gained much information on a little known subject—comparison of early legislation with that of today. The report of the nomination committee was brought in and the election of officers took place. The convention closed with the council meeting held after lunch.

Officers

Honorary President: Hon. Mackinnon Phillips, M.D., C.M.

Honorary Vice-president: Dr. Harvey Agnew, Toronto

President: Mrs. H. G. Horning, Woodstock

Immediate Past President: Mrs. W. C. Mikel, Belleville

Recording Secretary: Mrs. J. George Clark, Tillsonburg

Corresponding Secretary: Mrs. M. F. McIntosh, Woodstock

Treasurer: Mrs. J. L. Callaghan, Chatham

Press and Publicity Convenor: Mrs. J. E. Buchan, Belleville

Honorary Officers: Mrs. Graham Harkness, St. Catharines; Mrs. G. W. Houston, Hamilton; Mrs. J. D. Smith, Chatham; Mrs. J. D. Good, London; Mrs. K. C. Turnbull, Stratford; Mrs. Charles Sim, St. Catharines; Nettie Boyle, St. Catharines; Annie Moon, Ingersoll; Mrs. Harold Davis, Kingston; Mrs. A. J. Dodman, Chatham; Mrs. Dorothy Dworkin, Toronto; and Mrs. P. M. Dewan, Ingersoll.—*Reported by Mrs. J. E. Buchan*

* * * *

Cart Brings in $400 for Aid

Receipts from the travelling cart which tours Grace Hospital, Windsor, Ont., twice weekly with sundries and magazines have reached a total of $400, it was announced at a recent meeting of the hospital's auxiliary. At the meeting, plans were also made for the "Kiddies Carnival", which will be held in the nurses' residence on December 4th. The convenor of the gift shop reported that 43 sales in the shop had amounted to $67.75. Members were asked for further donations of knitted articles.

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Book Reviews

A GUIDE TO HOSPITAL BUILDING IN ONTARIO. Prepared at the request of the Government of Ontario by an executive committee of five: Eric R. Arthur, M.A., B.ARCH., F.R.I.B.A., F.R.S.A., Chairman; Harvey Agnew, M.D., F.A.C.P., F.A.C.H.A.; Douglas E. Catto, D.S.O., B.ARCH; Karl E. Hollis, M.D., C.M., F.A.C.A.; John B. Parkin, B.ARCH., M.R.A.I.C., F.R.I.B.A., A.C.I.D. Illustrated. Pp. 307. Price, $10. Published by the University of Toronto Press, Toronto, Ont.

After long study and with the assistance of a large number of people expert in the various divisions of a hospital, the committee named above have produced a highly authoritative "guide" to hospital construction. Written especially for Ontario, it is nonetheless instructive to those planning hospitals elsewhere. It meets a need because so much of the existing literature on hospital construction is either fragmentary or already out of date. Since rapid advances in science affect both medical treatment and the hospital buildings required, all contemporary literature will eventually be obsolete. For this reason, flexibility has been a dominant consideration in the committee's study. Stock plans have been avoided and only departmental or room lay-outs are shown. These are to be considered as suggestions, capable of change for specific needs and have yet to be fitted into any general plan. The relationship of one department to another in regard to transportation, either vertical or horizontal, and other relevant matters are discussed in the text. The Guide deals specifically and in detail with the requirements for the acute general hospital of 200 beds, though in some tables hospitals of 50 to 1,200 beds are included. The guide has many suggestions on how construction costs can be cut, and how careful planning will make for efficient and economic operation of hospitals.

The book opens with a section on the procedures necessary for organizing and planning a new hospital, then leads to a discussion of the responsibilities of official groups, choice of site, and the master plan. From there on, with point by point specifications and recommendations, separate chapters deal with each department which the committee considered should be included in a 200-bed general hospital. In addition, there are sections on construction and finishes, traffic circulation, mechanical services, and communication systems. Still further, there are appendices dealing with special topics, *e.g.*, hospitals for the chronically ill, health centres, radioactive isotopes, and the double corridor design. In all, there are 36 chapters and 8 appendices, not to mention the introduction, detailed glossary, and an index.

A Guide to Hospital Building in Ontario has a most attractive format and has been designed for easy reference and readability. The text is in large, clear print on heavy stock paper; margins are wide and sub-titles well spaced out. The numerous charts are ruled both vertically and horizontally and are clearly set forth on otherwise blank pages. Twenty floor plans, some departmental and some detail, are included and these appear on blue pages so that they are easily found. The colour also adds to the artistic effect which is noticeable throughout the book.

Because this is an era of constant change in the health field and so many renovations are called for, aside from new construction, administrators will welcome the new "guide". It will constitute an invaluable addition to any hospital library. In Ontario, one complimentary copy has been distributed to each hospital by the provincial department of health.—J.F.

* * * *

HOSPITAL PERSONNEL ADMINISTRATION. By Norman Bailey, B.A., M.Ed., general manager, The House of St. Giles the Cripple, Brooklyn, New York, and lecturer in Hospital Personnel Administration, Northwestern University, Chicago. Illustrated. Pp. 362. Price, $7.50. Published by the Physicians' Record Company, Chicago, Ill., 1954.

There has long been a need for a compact source of material on personnel administration related directly to the hospital field. Mr. Bailey has now placed within the reach of every hospital administrator a fund of suggestions and information which will provide invaluable assistance in improving personnel policies of hospitals.

That Mr. Bailey "knows whereof he speaks" can be attested by all students of the Canadian Hospital Association extension course in hospital organization and management who, in the intramural session last June, had the privilege of taking instruction from him. His wide background in both industrial and hospital pesonnel management, his experience as a hospital administrator and in teaching hospital personnel management at Northwestern University, have all combined to make his book a down-to-earth treatise on everyday hospital problems.

In addition to the 20 chapters of which the following are representative headings, *viz.*, organizing the personnel department, employee selection, salary determination, the text contains other helpful information, such as numerous illustrations and forms, a suggested personnel policy guide, and a health service policy for hospitals. Throughout the text, the author has endeavoured to include comments useful to the administrator of the smaller hospital.

Hospital Personnel Administration is a book which will prove valuable not only to the administrator and personnel director but to anyone acting in a supervisory capacity. It is a book well worth a place in any hospital library.—*D. M. MacIntyre.*

* * * *

MEDICAL RECORD PROCEDURES IN SMALL HOSPITALS. By Betty Wood McNabb, M.A., R.R.L., M.R.C. chief medical record librarian, Phoebe Putney Memorial Hospital, Albany, Georgia. Illustrated. Pp. 150. Price, $4.75. Published by the Physicians' Record Company, Chicago, Ill., 1954.

This text is divided into two parts —60 pages of data and procedures, and 83 pages of forms. The style of writing is brisk and pointed. The inexperienced person in a small medical record department may be ably assisted by study of the method of carrying out medical record procedures which are outlined in the text. It may be understood that in 60 pages, theory and procedures such as coding are

not gone into in detail. However, for further information, reference is made to other texts and sources of assistance.

* * * *

THE MEANING OF SOCIAL MEDICINE. By Iago Galdston, M.D., secretary of the Medical Information Bureau, The New York Academy of Medicine, New York. Pp. 137. Price, $3.60. Published for the Commonwealth Fund by Harvard University Press, Cambridge, Mass. Canadian Agents, S. J. Reginald Saunders and Company Limited, Toronto.

The goal of social medicine, Dr. Galdston believes, is the achievement of health rather than the cure of disease. The term, social medicine, Dr. Galdston does not attempt to confine by a pat definition—it means many things to many men. An ample and satisfying definition, he says is that offered by the late Dr. John A. Ryle of England who wrote that "social medicine derives its inspiration more from the field of clinical experience and, seeking always to assist the discovery of a common purpose for the remedial and preventive services, places the emphasis on man and endeavours to study him in, and in relation to, his environment".

From a definition of social medicine, Dr. Galdston goes on in an interesting style to advance his ideas on curative medicine which he says has "largely exchanged morbidity for mortality", on modern medicine which has "failed in the elimination of disease and in the promotion of health". Dr. Galdston is greatly concerned with modern medical education. During the past 400 years, he argues, medical education has grown in content but has not really changed. "Fundamentally", he states, "medicine still pursues the very tangent set for it by the Renaissance physicians and scientists —disease and the treatment of disease. It has nothing of the Hippocratic concern for health." Medical education as envisioned by a proponent of social medicine would include all the knowledge now taught but would radically alter the orientation of this knowledge. Rather than teaching sciences as distinctive branches of medicine, "they would be taught in relation to the living individual as they bear upon his adventure of living". This would bring about physicians who would practice "medicine dedicated to helping the individual to achieve the best that he is capable of in his experience in living".—M.K.

* * * *

NORTHWARD MY CALLING. By Mary E. Hope, Reg.N., Pp. 170. Price $3.00. Published by the Ryerson Press, Toronto.

With a light touch and refreshing readability, the author tells of her experiences in a northern outpost hospital. Direct from her training in a large city hospital and post-graduate work in public health, Miss Hope arrived in the village which, with the surrounding area, was to be the scene of her efforts for four years. (Of herself at this stage, Miss Hope says "surely no other nurse ever wallowed in such a flood of humanitarianism as surged through my bosom".) At the hospital, where she was the only nurse, she was assisted by one housekeeper, aged sixteen, who had just been engaged and a handy man who was anything but handy, especially in dealing with the furnace. Under the instruction of the local doctor and occasionally a patient who sang out advice from his bed, the new graduate in nursing learned a rich variety of ancillary arts, such as coping with smoky oil lamps, the drafts on the kitchen range, and a temperamental pump. She also learned to drive a motor car which she piloted over country roads regardless of mud or snow. With infectious amusement at her own early ineptness, as a greenhorn in the country, Miss Hope tells of many interesting cases encountered in her public health work, of social life in the area, and the high regard in which she held the people of this northern village.

Northward My Calling would make an excellent Christmas gift for a student nurse or anyone who might become interested in the nursing profession.

* * * *

Principles of Payment For Hospital Care

As a guide to hospitals and agencies which contract to purchase hospital care, the American Hospital Asociation has published a timely 16-page pamphlet entitled *Principles of Payment for Hospital Care.* Two nationwide conferences, attended by representatives of both hospitals and third-party agencies, provided some of the background for this publication. Their reports were revised and redrafted by the A.H.A. Council on Prepayment Plans and Hospital Reimbursement and then approved by the A.H.A. House of Delegates and Board of Trustees.

The principles are grouped under three general headings: basis for payment; determination of "full cost"; and obligations in applying principles of "full cost" payment. Comments follow each statement of principle. As Dr. Edwin L. Crosby, executive director of the American Hospital Association, points out in the introductory comment "any contract to provide service should protect a hospital's financial interest and its program of public service". "Payments," he stresses, "should encourage high standards, administrative efficiency, institutional freedom, and the rendering of service in the interest of patient welfare".

* * * *

Study Tour in France

In a 64-page booklet entitled *Report of Study Tour of Hospitals in France,* with an introduction by Captain John Stone, the International Hospital Federation outlines impressions gained and benefits derived from the circular tour made in May of this year. It was the third event of its kind sponsored by the Federation in recent years, the first one being held in Sweden and the second in Italy.

Attended by some 150 members and their guests from 15 countries, the tour started in Paris on Sunday May 16th and participants visited more than 20 hospitals and allied institutions in 13 centres—Lille, Colmar, Dôle, Dijon, Beaune, Lyon, Vienne, Aix-les-Bains, Vichy, Périgueux, Bordeaux, Niort, and Paris, where the tour ended on May 29th. To quote from comments by Captain Stone: "Tours of this kind are a sound investment. No one country possesses all the knowledge and experience possible on the many problems affecting the health of a nation. We can learn from one another, a point brought out by many speakers during the tour." An outline of the very full itinerary ends with the thought that the event might have been appropriately entitled a "Study and Friendship Tour".

Participants were provided with

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Food and Its Service

Sponsored by The Canadian Dietetic Association

Part II

Recent Developments in Clinical Nutrition

M. Shirley Kerr,
Assistant Director,
Department of Dietetics,
Vancouver General Hospital,
Vancouver, B.C.

Liver Disease

WITHIN the past ten years, the dietary treatment of liver disease has undergone some important changes. Formerly it was customary to restrict fat, mainly because of the danger of fatty infiltration of the liver, which could lead to permanent damage of this organ. Today we know that certain food elements known as "lipotropic agents" will prevent fatty livers. The three most important lipotropic factors are methionine (one of the essential amino acids), and two B-complex vitamins, choline and inositol. These substances act by converting fat in the liver to phospholipids, chiefly lecithin, and as phospholipids fats leave the liver and are carried to the various tissues of the body. We also know that in liver disease there is usually a low serum protein level, due to impaired synthesis of the plasma proteins by the liver. In hepatic cirrhosis, serum protein may also escape into the ascitic fluid, thus further lowering its concentration in the blood.

The diet used today is one which is high in protein, high in calories, and high in vitamins, particularly the B-complex vitamins. Sodium is restricted in cases complicated by œdema and ascites. In order to supply the increased caloric requirements, carbohydrate particularly should be high but fat need not be restricted, provided the lipotropic agents are included in generous amounts. The diet recommended by Hoagland, and by Post and Patek, who first revolutionized the dietary management of hepatic disease, is one containing approximately 100-150 gms. of protein, 100-125 gms. of fat, and 350-500 gms. of carbohydrate per day.

Diabetic Diets

Probably the most important recent development concerning diabetic diets is the use of the so-called "exchange system" of calculation. For years, dietitians and doctors have recognized the need for nation-wide standardization of method in calculating and interpreting diabetic diets. In 1950, a joint committee of representatives from the American Dietetic Association, American Diabetes Association, and the United States Public Health Service, prepared a list of food values and sample diets which they hoped would be used across the continent in calculating diabetic diets.

Their basic diets consist of milk, vegetables, fruit, bread, meat, and fat. Lists of foods which can be substituted or exchanged for these basic foods have been drawn up and published in booklet form. For example, instead of telling a patient he may have one cup of milk or one ounce of meat, the terms used are "one milk exchange" or "one meat exchange". The patient then refers to the page of his booklet which tells him other foods which he may substitute for his milk exchange or his meat exchange. For one meat exchange he may choose between one ounce of lean meat or fish, one ounce of cheese, one-quarter cup of cottage cheese, two tablespoons of peanut butter, five small oysters, shrimp or clams, et cetera. The 3 per cent carbohydrate vegetables are allowed in more or less unrestricted amounts, up to 200 gms. at one meal. The vegetables of higher carbohydrate content must be taken in limited amounts, as calculated into the diet.

A number of hospitals in the United States and a few in Canada are already using the "exchange" diets for diabetic patients. It is to be hoped that their acceptance will soon extend to other Canadian hospitals and clinics.

ACTH and Cortisone

ACTH and Cortisone therapy is becoming more extensive as the supply of these substances increases. However, use of these hormones results in certain undesirable metabolic changes which can, to some extent, be counteracted by diet.

Very briefly, ACTH or Cortisone therapy results, first of all, in poor oxidation of glucose and increased blood sugar levels, so we give a moderately low carbohydrate intake. Another effect of these hormones is an excessive protein catabolism or breakdown, so we try to remedy this with a high protein and caloric intake. Sodium chloride and water tend to be retained and œdema results, so the diet should be low in sodium. On the other hand, excessive amounts of calcium and potassium tend to be excreted, so the diet should be high in these minerals. Anaemia may result from a deviation of iron to the liver and spleen, so the diet should provide as much iron as possible. Finally, the diet should be high in vitamins, particularly the B-complex group, in an attempt to restore normal metabolic processes.

In hospitals which are also research centres, balance studies for nitrogen, fluid, potassium, and other nutrients, are often carried out on patients receiving ACTH or Cortisone. The dietitian in the research unit is usually called upon to calculate the patient's diet as carefully as that of a diabetic patient, and to measure and record the daily food intake in terms of the food element or elements being investigated.

Vitamin B_{12}, Folic Acid, and the Citrovorum Factor

Although this does not fall strictly under the category of diet therapy, it was suggested that some mention

A paper presented at the Lower Mainlands Dietetic Association Refresher Course, Vancouver, B.C., Spring, 1954.

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might be made of research concerning Vitamin B_{12}, Folic Acid, and the Citrovorum Factor. Most of the work on these vitamins has been done in connection with the macrocytic anaemias.

Castle's original hypothesis concerning red blood cell formation suggested that a combination of an intrinsic (gastric juice) factor and an extrinsic (food) factor took place, probably in the liver, to form a so-called erythrocyte maturation factor or anti-anaemic factor, which was required by the bone marrow for the normal maturation and release of red blood cells. Within the past ten years, it has become increasingly evident that not one but several food elements are intimately concerned in the process of red blood cell formation.

The present concept, which is still in the hypothetical stage of acceptance, indicates that Folic Acid, one of the B-complex vitamins, is metabolized, probably in the liver, to Citrovorum Factor. Citrovorum Factor appears to be the biologically active derivative which is necessary for the maturation and release of red cells but it is a very unstable substance, requiring both ascorbic acid and Vitamin B_{12} for its stabilization and activation. It is generally accepted today that the intrinsic (gastric juice) factor is necessary for absorption of Vitamin B_{12}.

Folic Acid and Citrovorum Factor (or its synthetic form, Folinic Acid) and ascorbic acid are the most effective substances for treating certain types of megaloblastic anaemia associated with sprue, pregnancy, and early infancy. These anaemias are associated in most cases with a deficiency of Folic Acid or ascorbic acid or both, so that the Citrovorum Factor is either not formed, or is not activated.

In pernicious anaemia, we know that the intrinsic factor is absent from the gastric juice, so that Vitamin B_{12} is not absorbed. Treatment of pernicious anaemia, therefore, consists of intramuscular injections of liver extract or Vitamin B_{12}.

Vitamin B_{12} has other functions besides those concerned in blood regeneration — it is somehow required for normal health of the peripheral nervous system, and not only corrects the nerve tissue degeneration in pernicious anaemia, but has been used successfully for relief of pain in some cases of neuritis. It has also been reported to create a growth response in children whose growth is delayed. However, the enthusiastic preliminary reports of its growth-promoting properties are subject to critical investigation. Studies of its effect have not been carried out under the best controlled experimental conditions, and, at present, the widespread use of this vitamin as a growth-promoting substance is not justified and should be discouraged.

Genetotrophic Disease

Another recent and interesting theory which does not fall strictly under the classification of diet therapy is the concept of genetotrophic disease. A genetotrophic disease has been defined as one which occurs if a diet fails to provide a sufficient supply of one or more nutrients required at unusually high levels because of the characteristic genetic or hereditary pattern of the individual concerned.

It is believed that in certain individuals, normal enzyme metabolic transformations are partially blocked before the reaction is completed. To overcome this partial genetic block, the nutritional factor or factors which enter into the enzyme reaction are required by the body in tremendously increased amounts.

A good example of a genetotrophic disease is a type of rickets occurring in young children which does not respond to ordinary Vitamin D therapy and is, therefore, called "Vitamin D-Resistant Rickets". There is usually a family history of rickets, which indicates that the disease is hereditary or genetic in origin. These children usually respond to massive doses of Vitamin D — as much as 100,000 to 600,000 I.U. daily. This level is far beyond the normal requirement of 400 I.U. per day and 500,000 I.U. is the level which usually produces toxic symptoms in normal individuals. In children with Vitamin D-resistant rickets, however, no toxic symptoms develop with massive therapy, and the tremendous doses are required if normal bone calcification is to occur.

The evidence is quite strong that alcoholism is one of the genetotrophic diseases. Other diseases that may possibly be partly genetotrophic in origin are diabetes, rheumatoid arthritis, disseminated sclerosis, and various mental and skin disorders. The whole concept is one about which little has as yet been written or investigated, but about which we may expect to hear more in the future.

High Protein Diets

The trend toward high protein diets is one which is becoming more and more evident. An increased protein intake is required whenever a protein deficiency exists because of inadequate intake, inadequate absorption, impaired synthesis, excessive catabolism, or actual loss of protein from the body.

A few of the many conditions for which high protein diets are of benefit include: anaemia; malnutrition; injury; infections; burns; surgery; poliomyelitis; gastro-intestinal diseases such as peptic ulcer, ulcerative colitis, sprue, celiac disease and chronic pancreatitis; metalobic disorders such as hyperthyroidism and those resulting from hormone therapy; liver disease; and kidney disease accompanied by albuminuria. Most of these conditions also require high caloric, as well as high protein intakes, in order that the protein may be utilized to maximum advantage.

An article appearing in the "Current Comment" section of the March, 1953, issue of the *Journal of the American Dietetic Association*, is very aptly entitled "Are Our Hospital Diets Therapeutic?" It points out that so many so-called therapeutic diets actually do not provide the *increased* requirements, particularly for protein and calories, that occur as a result of disease. The author of this article also emphasizes that every hospital diet is, in effect, a therapeutic diet, since it contributes specifically or indirectly to the patient's ultimate recovery.

Patient Motivation

As all concerned in hospital food service well realize, there is little point in all our careful planning, calculating, preparing and serving of therapeutic diets if the patient cannot be made to understand and accept this part of his total treatment. In other words, if the patient does not eat, all the best efforts of the dietitian have been in vain.

One splendid article which every hospital dietitian should read and digest appeared in the January, 1954, issue of the *Journal of the American Dietetic Association*. This article, entitled "The Patient as the Focus of Attention", was written, not by a dietitian, but by a social worker, Grace White. The gist of what Miss White emphasizes is that the hospital

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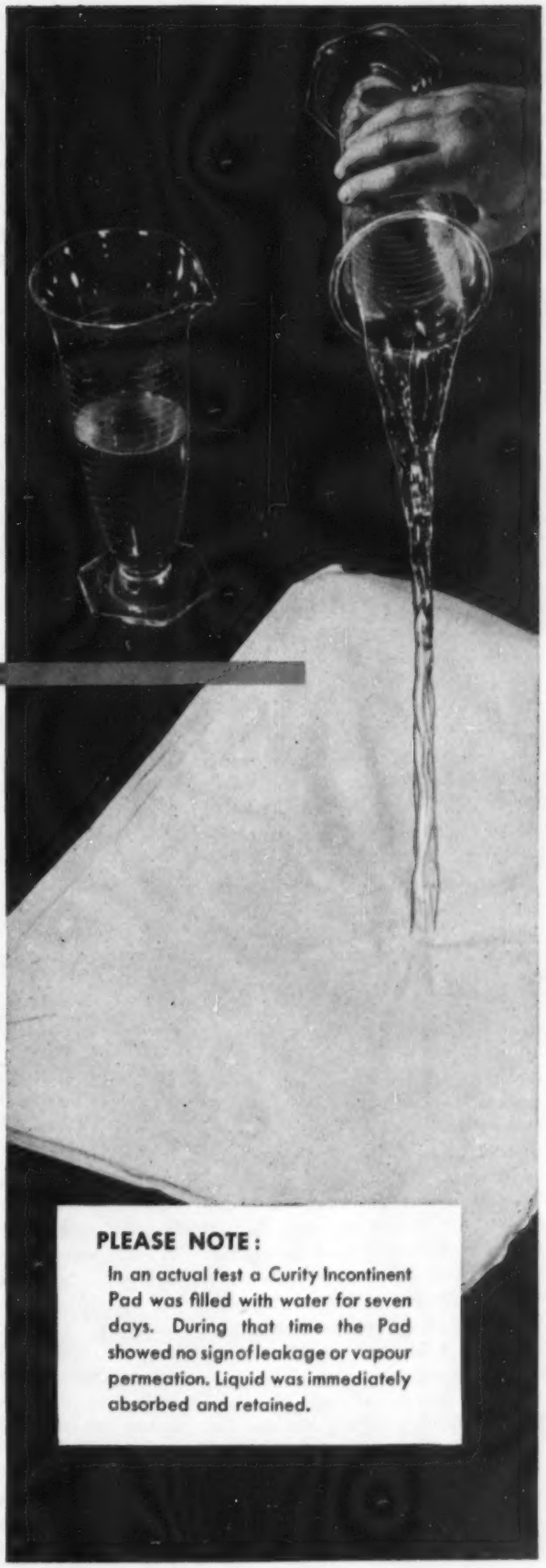

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O.H.A. Convention

(Continued from page 46)

ministrator. In this case, Dr. W. Douglas Piercey had some concrete ideas. He pointed out to his audience that, in recent years, the public has begun to focus greater attention on hospital costs. Indeed, they might well, as these costs have quadrupled from 1940 to 1953 and doubled from 1946 to 1953. But, he asked, has the general public been made aware of the factors which have contributed substantially to the increasing costs?

Dr. Piercey emphasized the responsibilities of the administrator in regard to lowering costs. One of his first duties is to promote good organizational practices and see to it that staff members are educated in methods of saving. Constant scrutiny is required in order to eliminate the waste of time, energy, and materials which may not be essential. Regardless of how excellent the organization within an institution might be, the administrator must ever be "improvement minded". Dr. Piercey reminded all that the best possible financial control is secured through the annual budget. First look to saving on big items was his advice. "A large percentage of bed occupancy and a high degree of use of scientific apparatus are essential to low operating costs," he claimed.

A shift of emphasis from bed and board to diagnosis and treatment, thought Dr. Piercey, justified a shift in the administrator's attention from the cost-per-day to the cost-per-admission. Dr. Piercey felt that there was great need to organize a committee, along with the medical staff, to study the length of stay, need for admission, and the use of ancillary services. "Hospital costs should have a rightful place in the family budget", he thought. Although hospital costs have risen from the standpoint of the nation, the institution, and the patient, Dr. Piercey was of the opinion that "sound hospital administration can keep the total within a reasonable proportion of the national economy".

Dr. R. M. Mitchell, president of the Ontario Medical Association, speaking on what the doctor could do about hospital costs, admitted that the doctor was in a position to limit admissions and length of stay. Dr. Mitchell felt that there was a fine dividing line between what might be termed "over-hospitalization" or, on the other hand, "better treatment". This is a problem which would only have an ultimate solution in the conscience of the individuals concerned. In reference to abuse of insurance Dr. Mitchell emphasized the idea "that over-utilization of hospitalization privileges by a subscriber will result in either increase of the premium to the group as a whole, or restricting the greedy individual, should be brought home to the subscriber by members of his local group".

The public should be educated to the fact that illness is a part of living and it must be budgeted for, was a thought also expressed by Dr. Mitchell. He felt that, through the provincial hospital association, a campaign could be launched to acquaint the public as to how little it costs them to be covered for a large proportion of hospital and medical expenses. The costs can remain within reason "if the subscriber safeguards the integrity of the plan by restricting his demands to reasonable service".

Lucy D. Germain, R.N., director, Department of Nursing and Nursing Education, Harper Hospital, Detroit, Mich., in describing the director of nursing's part in reducing costs, was of the opinion that her role would vary greatly from hospital to hospital. "Nursing is a service and as such it costs money", stated Miss Germain. Thus it is up to the director of nursing "to influence, regulate, and guide the expenditures of funds for nursing care in a way that optimum returns come from money spent." Miss Germain thought one of the tragedies in controlling costs was cutting off or deleting expenditures for needed equipment or educational programs.

"Cost-wise there are two levels of activity", according to Miss Germain "(1) the daily check and review of operations and (2) long range definitive efforts in supplying the product, in this case, nursing care". Miss Germain concentrated a good deal on the necessity to have well-trained, cooperative, interested personnel. She emphasized that each member of the nursing team must have a sense of belonging, which in turn would increase her sense of responsibility in her job. Personnel should be taught the value of equipment and supplies so that they will appreciate the necessity to care for them. Miss Germain thought a course in hospital costs might well be added to the curriculum for the nurses' training schools.

Regional Councils in Action

With Dr. Harvey Agnew as chairman, representatives from the Regional Councils of the O.H.A. made brief reports concerning their activities during the year. The province of Ontario is now divided into 13 organized hospital regions and the value of this decentralization was emphasized both by the chairman and many speakers. It permits more frequent meetings among hospital personnel and greater attendance of department heads than is possible at the large annual convention. At regional meetings, problems pertaining to any one area can be discussed and in many cases solved. The sessions vary according to the need, taking sometimes the form of prepared lectures, round table discussions, or a motion picture of an educational nature. Certain regions have just recently been organized and others have well-established programs, with sections for the various departments of the hospital. Representatives from the various regional councils were unanimous in expressing their appreciation of visits to their meetings by officers of the provincial association who lend their assistance whenever possible.

Accreditation not Forgotten

Hospital accreditation was given a feature spot on Wednesday morning. Dr. Harry A. Nevel, field surveyor, American Hospital Association, Joint Commission on Accreditation of Hospitals, and Dr. Karl E. Hollis, field surveyor, Canadian Commission on Hospital Accreditation, explained the set up of the program and how it benefits hospitals. A skit, which has been a popular presentation at many hospital conventions this year, was enacted by the two speakers. A Utopian situation existed in the first skit, when the field surveyor called upon the administrator who had everything in order for the visit. By this means, the audience was able to note the information which would be most important to the surveyor. In the second skit, reality took over and the field surveyor found himself in audience with an administrator who couldn't quite put his hands on all the information desired. The smiles on the faces of those listening indicated a greater kinship with the second situation. The demonstration was effective and help-

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ful — undoubtedly all took away with them a better understanding of the accreditation program.

A Different Approach

This year, the final afternoon was devoted to a different approach to the round table conference. Experts looked at the convention as a whole and summed up the pertinent points from each paper. The delegates seemed to appreciate the summary and felt they were taking away an over-all view of "the whole partnership". Ample time was allowed for questions from the floor before the 1954 convention officially closed.

Extras that Count

An eager and enthusiastic group of 250 high school students, representing most of the collegiates in greater Toronto, were guests of the O.H.A. at a special session on Monday afternoon. Here, the teenagers had the opportunity to hear about careers in the hospital field. With Dr. Harvey Agnew as chairman, the students were given brief outlines of the educational requirements and the type of work involved in the many careers within the hospital. The practical side was not forgotten either. Dressed in the uniforms of their chosen professions graduate nurses, student nurses, dietitians, pharmacists, physical therapists, occupational therapists, et cetera, were called to the platform to be presented to the students, among whom was swimming star Marilyn Bell.

Exhibiting the uninhibited curiosity of youth, the students besieged the chairman and professional representatives with many and varied questions. But for the limit imposed by time the barrage of questions might well have continued indefinitely. However, the remaining portion of the program included a visit to the exhibits in order that the group would be able to see the displays of hospital equipment and supplies. The success of this new venture will undoubtedly lead to similar sessions at other conventions.

This year, another extra was added to the program. Delegates and visitors were entertained at a reception given by the president and board of directors of the Association. It was held at the O.H.A. building, 135 St. Clair Ave., W., and hospital people had the opportunity to feel a closer kinship with the parent organization by touring the building and having a glimpse behind the scenes.

The glitter of the annual banquet, attended by a host of hospital dignitaries, is always a highlight. This year, the president, Bill Gray, changed the pattern of introduction of head table guests by the fluency of his speech and a personality sketch for each. The George Findlay Stephens Memorial Award, highest honour conferred by the Canadian Hospital Association, was presented to A. J. Swanson, for his notable contributions to the hospitals of Canada. Bill Gray accepted his past president's pin and handed the reigns of office to Dr. Harvey Agnew for the coming year. The evening's fun continued with a much appreciated show sponsored by The Exhibitors' Association.

Resolutions

Among the resolutions recommended by the resolution committee and adopted, were the following.

The Association resolved to make representation to the Ontario Department of Labour and the Ontario Workmen's Compensation Board in regard to compensation patients requiring follow-up in-patient or out-patient rehabilitation treatment. The Association recommended that these patients be treated, so far as is practicable, in rehabilitation units in hospitals as near their place of residence as possible.

As it was felt that many of the smaller hospitals lacked the services of competently trained laboratory and x-ray technicians, the Association resolved to consult with the minister of health, and with the Canadian Society of Laboratory Technologists and the Canadian Society of Radiological Technicians, with regard to the feasibility of providing combined courses of reduced length in laboratory and x-ray techniques. Further, the Association resolved to set up a committee to meet with the minister of health to study, clarify, and suggest revisions of the regulations regarding payments for the treatment of poliomyelitis.

The Association also asked the provincial government to review completely the structure of grants to public hospitals, especially with regard to out-patient services, transient indigents, and newborn infants of indigent parents. The Ontario Hospital Association further requested that it be allowed representation in such a review.

The recently published report on Morbidity Statistics by the Ontario government indicates that indigent patients who have no established domicile stay longer in hospital than the average municipal indigent. Since these patients constitute a heavy drain on the hospital's finances, for which there is no off-setting revenue other than the provincial goverment *per diem* maintenance grant for standard ward beds, the Association resolved to ask the government to amend the Public Hospitals Act to include such patients with those from Unorganized Territories.

The Assosciation again resolved to make representation to the provincial government, as already made in 1951, 1952, and 1953, to the end that the government recognize the educational' aspect of the training schools for nurses in the province and provide funds to assist the hospitals to carry on this branch of education.

The directors of the Ontario Hospital Association, in a resolution, expressed to the provincial government its sincere thanks and appreciation for the government's action in providing substantial funds in 1953, and again this year, to enable the hospitals of the province to carry out long needed improvements.

Officers

Honorary President: Hon. Mackinnon Phillips, M.D., C.M., provincial minister of health.

Honorary Vice-president: William M. Gray, Chatham.

President: Dr. G. Harvey Agnew, Toronto.

President-elect: Mrs. Charles McLean, Toronto.

Vice-presidents: Rahno M. Beamish, Toronto; Sister Maura, Toronto; and John Hornal, Peterborough.

Executive Secretary-treasurer: A. J. Swanson, Toronto.

Assoc. Executive Secretary-treasurer: S. W. Martin, Toronto.

Board of Directors: R. Fraser Armstrong, Kingston; Mrs. J. A. Aylen, Ottawa; J. L. Bateman, Stratford; J. H. W. Bower, Toronto; Priscilla Campbell, Chatham C. V. Charters, Brampton; J. G. Clark, Owen Sound; Malcolm Cochran, Port Arthur; Anthony F. Fuerth, Windsor; Rev. John G. Fullerton, Toronto; Alec. C. Harris, Kirkland Lake; H. M. Jackson, Simcoe; Carman J. Kirk, M.D., London; W. E. Leonard, Toronto; Sister Louise, Toronto; J. R. McFarlane, Windsor; John B. McKay, Cornwall; Ellis Millard, Southampton; Pearl L. Morrison, Toronto; J. B. Neilson, M.B.E., M.D., Hamilton; Sister St. Phillipe, Sudbury; Harry Price, Toronto; O. B. Rogers, Toronto; J. E. Sharpe, M.D., Toronto; Mrs. H. A. Shrimpton, Toronto; J. McIntosh Tutt, Brantford; R. J. Weatherill, St. Catharines; and C. N. Weber, Kitchener.

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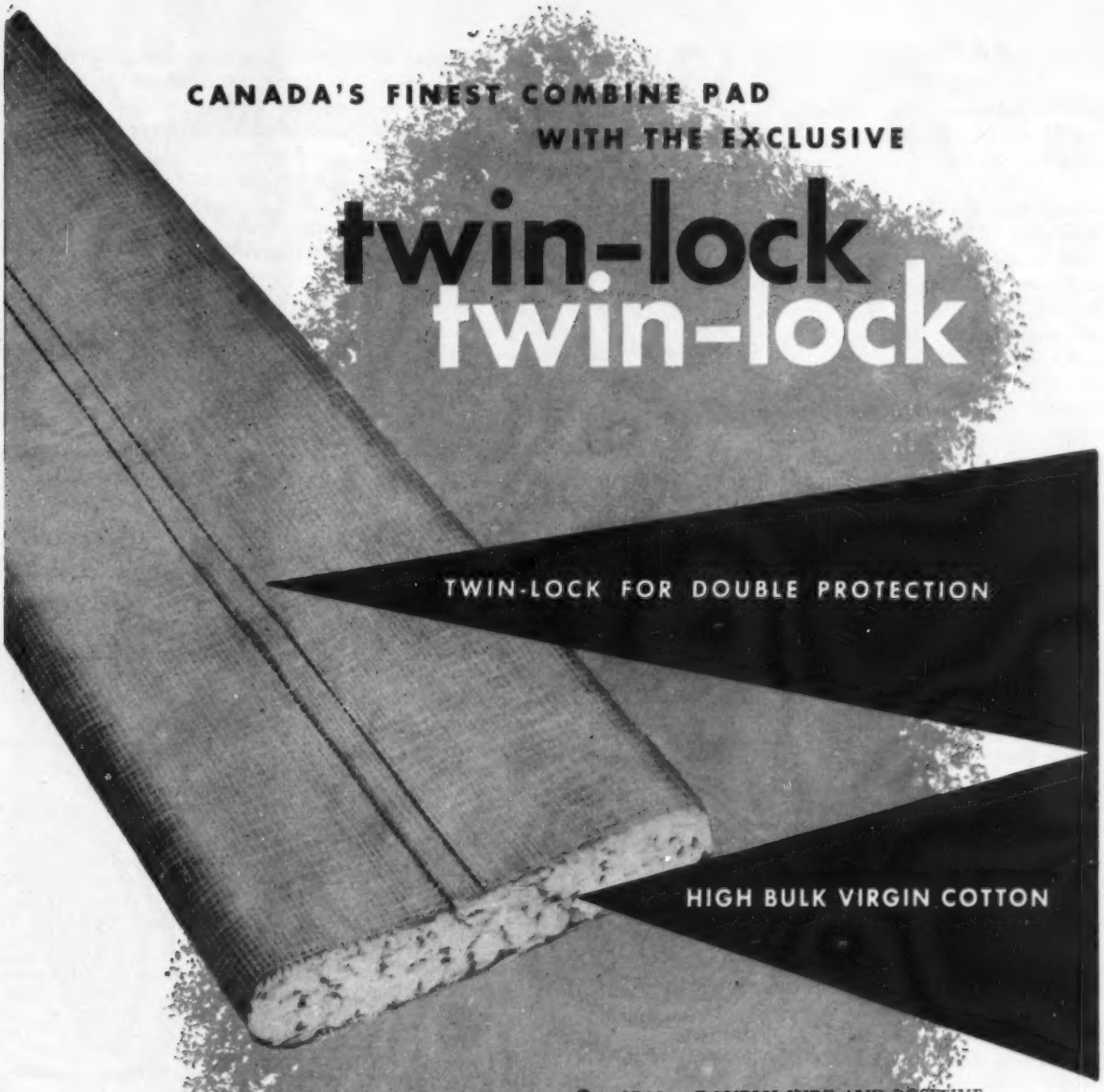

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B.C. Convention

(Concluded from page 40)

Gordon Johnston brought greetings on behalf of the B.C. Division of the Canadian Medical Association.

Clyde W. Fox of Reno, Nevada, extended best wishes on behalf of the American Hospital Association. Attending the meeting with Mr. Fox, and also representing the A.H.A., was Ronald A. Jydstrup of Chicago, accounting specialist of the association.

Harvey E. Taylor of Port Alberni and Percy Ward of North Vancouver, president and executive secretary respectively, presented reports covering the activities and finances of the association. Among much evidence of a busy year for the officers and directors, these official reports indicated that hospitals at White Rock, McBride, Lillooet, and Pouce Coupe had been admitted to membership in the association. A dental division and a north-eastern regional council have been established. The president and secretary will represent the association at the biennial meeting of the Canadian Hospital Association, and the B.C.H.A. will sponsor the Western Canada Institute in 1956.

Mrs. Edith Pringle, Reg.N., long associated with the hospitals of the province in her capacity as hospital inspector, has been appointed as assistant secretary on a part-time basis.

Mrs. Forbes Perkins, president of the auxiliaries' division, reported that there were now some 6,800 members in women's hospital auxiliaries of the province. The voluntary workers raised in excess of $280,000 during the year, she said, in addition to providing assistance and service in many other forms.

Costs Policy May Arrest Progress

Hon. Eric Martin, Minister of Health and Welfare, reviewed the financial experience of the British Columbia Hospital Insurance Service and compared hospital costs in the province, particularly salary costs, with those reported from other sections of Canada.

He bluntly stated that funds to support higher hospital budgets were not available and warned hospitals that they "must hold the line" on rising expenditures. The minister suggested that it would be unwise to add additional facilities and services until a more stable economic picture in hospitals developed.

Dr. Gordon Johnston, chairman of the general assembly of the B.C. Medical Association, took issue with the budget "freeze" policy of the government. He warned that no reduction in hospital expenditure must be achieved at the expense of the standard of patient care. Government policy had arrested hospital initiative, declared Dr. Johnston, and 1951 budgets could not provide adequate facilities to make 1954 medical knowledge and practice available to the people of the province. This viewpoint was subsequently endorsed by a convention resolution.

Speaking on "Hospitals and Doctors", Dr. Johnston acknowledged that the medical profession must accept its share of the blame for insufficient liaison between the profession and hospitals. However, as they had common or parallel objectives and as there was too much at stake to permit halfway measures, he pledged greater interest in hospital administration by doctors in the future, assuring delegates that, for his part, the association could expect full co-operation and assistance from the profession.

Murray Ross briefly outlined the extension courses—in hospital organization and management and in medical records—operated by the Canadian Hospital Association. He followed up the emphasis placed on human relations and personnel by previous speakers and urged maximum use of every training opportunity to develop the most effective hospital working force possible.

Resolutions

Mr. K. K. Reid of New Westminster, a former president and long-time worker for the association, was made an honorary life member by a unanimous resolution of the official delegates.

Resolutions directed to the provincial government called for a change in the policy which freezes hospital budgets; for the enactment of legislation to simplify the formation of hospital improvement districts; and for the provision of suitable alternative accommodation for patients requiring convalescent or long-term care.

The reduction of the waiting period to qualify for hospital insurance coverage from 1 year to 6 months, and the inclusion of cortisone and ACTH on the list of drugs covered by insurance, were recommended to B.C.H.I.S. The service was also asked (a) to accept interest on loans and bank overdraft as an operating expense; (b) to assist hospitals to provide cash reserves to meet liabilities created by accumulated sick leave; and (c) to give hospitals the opportunity to meet with the rate board before striking new rates of payment. The desirability of finding ways and means to provide formal training for orderlies formed the subject of another resolution. The practice of discounting hospital accounts by medical service associations was strongly protested by delegates and disapproval of the practice was endorsed.

Officers

Officers and directors of British Columbia Hospitals' Association for the ensuing year are, as follows:

Honorary President: Hon. Eric Martin, Minister of Health and Welfare.

Immediate Past-President: A. H. J. Swencisky, Vancouver.

President: Harvey E. Taylor, Port Alberni.

1st Vice-president: J. A. Abrahamson, Revelstoke.

2nd Vice-president: L. F. C. Kirby, New Westminster.

Secretary-treasurer: Percy Ward, North Vancouver.

Regional Representatives: Ben Greer, Langley; J. W. Carnwath, Fernie; Vera B. Eidt, Trail; H. Baxendale, Burnaby; D. C. Stevenson, Prince Rupert; Frank Clark, Prince George; J. I. Monteith, Kelowna; C. A. Cousins, Cumberland; E. Claxton, Victoria.

Divisional Representatives: Mrs. G. C. Chandler, Vancouver; P. E. Russel, Revelstoke; Miss M. Ward, Langley; Mrs. Forbes Perkins, Vancouver; Dr. Gordon Johnston, Vancouver; Dr. W. L. Elliot, Vancouver.

Canadian Medical Directory Available

The *Canadian Medical Directory* is the first volume of its kind to be published in this country. Doctors are listed, alphabetically, by province, as medical officers of the Armed Forces, and as 1954 graduates of Canadian medical schools. There is information on licensing bodies and registrars, medical societies, federal and provincial health departments, universities with medical schools, hospitals of over 50 beds, voluntary health agencies, prepaid health care plans, and medical journals. There is also a section called Book Buyers' Guide.

The directory is edited by W. R. Feasby, M.D., editor of the *Ontario Medical Review*, and *Modern Medicine*. It is published by Current Publications Ltd., Toronto, Ont., and the price is $7.00.

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Hospital Public Relations

(Continued from page 35)

be used to good effect through a dramatized program featuring some department of the hospital worthy of educational interpretation to the community. As an alternative, a prearranged interview over the air between the hospital department (or head of the hospital department which it is desired to feature) and a member of the radio staff or, better still, the chairman of a ratepayers' association, can interpret to the public in question-and-answer form, many questions which puzzle the public. In this way, also, many points can be brought out upon which the hospital administrator wishes to enlighten the community.

I know from personal experience that the power of the press and radio in building good hospital public relations cannot be over-emphasized. I have seen a community of over 50,000 people, which at first was not only apathetic but was definitely against supporting a hospital expansion program, eventually educated by the press and radio in the manner described above into voting in favour of the necessary bylaw.

Mailed literature as a medium of spreading good public relations must, if used, be very carefully planned. It should be well written and printed in a form which will compel John Public, on receipt of it, to read it and inwardly digest instead of throwing it into the waste paper basket. Not only is there the chance that mailed literature may not be read by those whom you are trying to educate, it is also an expensive form of reaching the public.

Public Speaking

Another form of educating the public and interpreting hospital procedures, which lends itself ideally to building good public relations in the community, is through the medium of addresses. There are many organizations and clubs in every community which generally welcome the offer of a speaker for one of their meetings. These clubs and organizations, by the very diversity of their respective aims and interests, draw from representatives of every class and creed in the community. Among such organizations and clubs which usually can be approached are the Board of Trade, Junior Chamber of Commerce, fraternal organizations, service clubs, ratepayers' associations, parent-teacher organizations, church groups, labour organizations, and professional and social clubs. However, it is essential that the speaker who is representing the hospital gives due preparation to his speech in order to gain for the hospital the utmost respect and understanding from his listeners. The speaker need not always be the administrator or a member of the board of trustees. Quite often a competent department head, speaking of the intricacies of his department can, by virtue of being competent to handle a technical question from his listeners, build up excellent public relations. For example, a proficient dietitian, addressing a meeting of women's clubs, could hold an audience easily with a talk on dietetics, pointing out why it is not possible to feed certain patients their favourite foods in hospital and explaining the type of internal organization necessary in a dietary department.

In the matter of exhibits as a medium of building good hospital public relations, the hospital is limited. However, advantage can be taken of local fall fairs to set up a display to illustrate, in some graphic way or by interesting scale models, what the hospital means to the community. In many communities, annual parades are held in conjunction with sports days and fall fairs; and the hospital can again stimulate public interest and attempt to interpret some phase of the hospital's operation by entering a suitably decorated float. The ideal way of using exhibits is to celebrate hospital day each year. On that day, display space does not have to be rented. If serious thought is given to the annual celebration of hospital day by all hospitals, the field as a whole would benefit immeasurably in its public relations.

In the Hospital

In formulating a long-term hospital public relations program, administrators and their boards too often overlook that section of the public which it is easiest for them to reach, namely the patient. Associated with the patient in ease of contact are the patient's relatives and friends and the tradesmen who come to the hospital during business transactions with it.

It is a well worn adage that first impressions are lasting. Therefore, in trying to build good public relations through your patients and their associates, it is essential to be sure that your admitting, information, and switchboard staffs are of the finest calibre. They must fully understand their responsibilities to the patients, visitors, and enquirers, and at all times foster a feeling of goodwill and understanding between the public and the hospital. If the executive officers of a hospital are to maintain the goodwill of the public through the patients, it is necessary that a system be formulated by which the complaints of all patients can be readily aired in order that steps may be taken to rectify, where necessary, the condition about which the patient complains.

There are numerous ways in which this can be done, some of which I will mention. Comment slips, with blank spaces for the patients' remarks, may be given out; or there may be notes to guide the patients' line of thought; or the comment slip may be drawn up in the form of a questionnaire, with specific questions to be answered by the patient and a space at the foot for general remarks. Some hospitals give each patient, on the morning of the day he or she is to be discharged, a letter from the management, inviting them to make comments they wish in the space provided, and return to the floor supervisor. Objections to this system are that if the letter is not given to the patient until close to the time of discharge, due consideration is not given to writing comments. On the other hand, where it is anticipated that a difficult patient may write adverse comments, the nurse-in-charge may omit to give him the form. Yet another method is to distribute letters to all patients in the hospital on the day prior to the monthly board of trustees meeting, inviting comments to be addressed to the board for discussion.

Objections to the latter system are that unless further organization is undertaken to obtain patients' comments between board meetings, with the short average length of stay in hospitals these days, only a small percentage of patients are invited to offer comment. Where a good response is obtained from patients, it is necessary for the secretary to the board to process the replies prior to the meeting, to save the time of the whole board. A further method of obtaining pa-

(Concluded on page 84)

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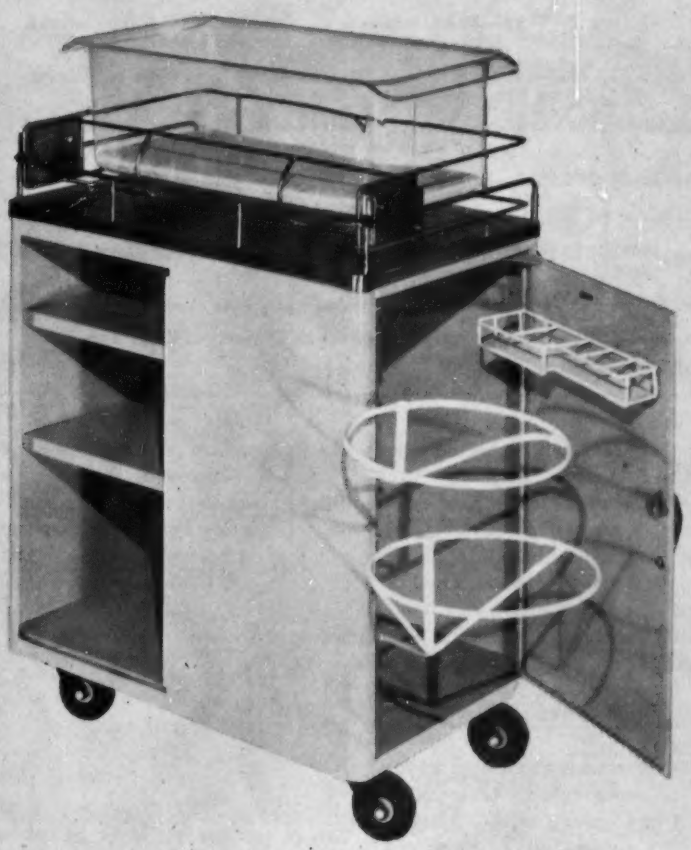

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Espanola General Hospital	12 units
Dufferin Area Hospital, Orangeville, Ontario	24 units
Oakville-Trafalgar Hospital	11 units
Northwestern General Hospital	33 units
Grace Hospital, Calgary, Alta.	19 units
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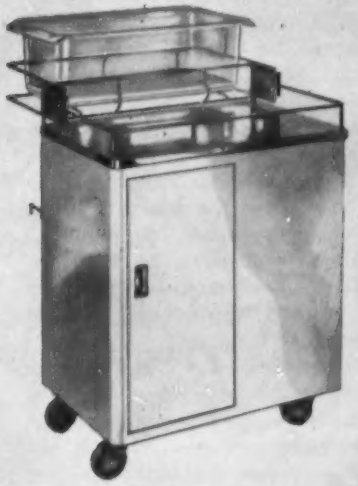

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What of the Night?

(Concluded from page 38)

point of training and responsibility, to exercise control over activity during the night hours.

Through his exercise of delegated authority, he should lend control and direction to the activity of the institution, consistent with administrative policy. His interpretation of policy will restrict or broaden specific activity within the institution.

Not only is this control of an immediate nature but it should be extended to include such projects as: aiding in the development of budgetary controls for the night work; reviewing and developing personnel assignments and job functions; developing practices which will increase efficiency within the departments and observation which will lead to the best possible utilization of personnel.

Public relations: The night director will find himself increasingly involved with problems which have public relations value. His approach to patients' problems, of which there will be many, his contacts with the newspapers, radio and television, his handling of problems related to community enterprises — all these require that he be conscious of good public relations and the methods to further them.

Improvement of intra-hospital relations: The individuals who make up the evening and night working force are truly the forgotten souls of the hospital. Many never see a unit supervisor or an administrative executive in years of working at the hospital. Often, in what is already recognized as one of the neglected fields in the hospital, supervision is of extremely poor quality.

There is an acute need for the development of supervisory positions and human relations activity because the tension and the factors affecting the night personnel are different from those acting upon the day forces. Their economic and social life is very different and thus a fertile field for development is opened.

In addition, the night director should be able and authorized to explain and interpret personnel policies to the night employees. Not only hospital personnel problems, but personal problems will be brought to him. He should be able and willing to help solve these difficulties.

There is no reason for restricting training programs and educational programs to the day forces only. Programs can be formulated for the night personnel that will not interfere with the operation of the hospital and will develop employee interest and efficiency. There should be staff meetings and supervisory meetings with the night director for the purpose of better communication, interpretation of new rulings and policy for training purposes.

Safety, fire and disaster programs should be brought to the attention of all night employees and their place in the proper functioning of these programs should be determined. It is extremely important that every night employee be indoctrinated into the hospital fire plan. At night, with the reduced working force, a fire can be much more disastrous and of even greater consequence than at any other time.

The field of education and the values to be derived from in-service training and education are unlimited. They should not be neglected at night. The programs may of necessity be restricted or altered, but they are nevertheless a prime requisite and a development of good night direction.

Conclusion

Most of the background for this article was of necessity drawn from practical experience as there has been no concerted effort to direct attention to this important phase of hospital administration through available publishing channels in recent years. The writer sincerely hopes that this paper will shed some small portion of light upon the darkness of the hospital night.

Coming Conventions

May 2-6, 1955—National League for Nursing Convention, Kiel Auditorium, St. Louis, Mo.

May 9-11, 1955—Canadian Hospital Association Biennial Meeting, Chateau Laurier, Ottawa.

May 30-June 3, 1955—Maritime Hospital Association Convention, Prince of Wales College, Charlottetown, P.E.I.

May 30-June 3, 1955—Ninth International Congress of the International Hospital Federation, Lucerne, Switzerland.

June 10-11, 1955—Associated Hospitals of Alberta, University of Alberta, Edmonton.

June 13-18, 1955—Western Canada Institute for Hospital Administrators and Trustees, University of Alberta, Edmonton.

June 20-24, 1955—Conjoint meeting of the British Medical Association, the Canadian Medical Association, and the Ontario Medical Association, Royal York Hotel, Toronto, Ont.

Sept. 19-22, 1955—American Hospital Association Convention, Atlantic City Convention Hall, Atlantic City, N.J.

Oct. 11-14, 1955—British Columbia Hospital Association, Vancouver.

Oct. 24-26, 1955—Ontario Hospital Association Convention, Royal York Hotel, Toronto, Ont.

A.C.S. Section Meeting to Stress Treatment of Surgical Cases

A four-day sectional meeting of the American College of Surgeons will be held in Cleveland, Ohio, from Feb. 21st to the 24th. An important feature of the meeting is an educational program, especially for nurses, designed to emphasize the importance of continuity in the care given by doctors and nurses to the surgical patient. The program is for the benefit of all personnel concerned with the treatment of surgical cases — from the preoperative workup, through preparation for surgery, anaesthetic, operation, recovery room, hospitalization period, and rehabilitation phases of the after-care. Emphasis will be on the patient's problems and the importance of complete co-operation and co-ordinated care on the part of everyone concerned with the patient.

The complete program and advance registration forms for the meeting may be obtained by writing to Dr. H. Prather Saunders, American College of Surgeons, 40 East Erie St., Chicago 11, Ill.

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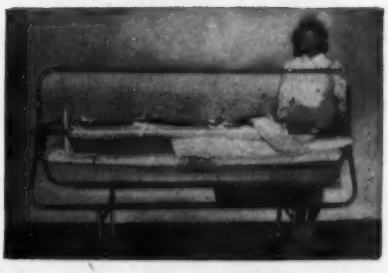
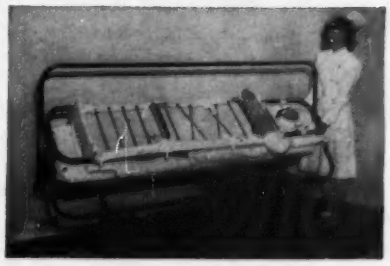
For uniform skeletal and head traction . . . complete immobilization

. . . easy, safe patient handling by one nurse

No fracture disturbance is necessary in the care of patients on the Stryker Turning Frame. If operative fusion to maintain reduction is indicated, the operation may be done on the frame in either posterior or prone position with traction continued at all times. One nurse can turn the largest patient on this frame with ease.

The Stryker Turning Frame is essential for the effective care of immobilized patients. Nursing for cervical fractures, burn cases, paraplegics and patients under continuous traction is quick, easy, without patient disturbance. Treatment of back wounds and burns as well as bedpan service is simpler. Bed sores and the dangers of kidney and bladder stones are largely eliminated.





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Hospital Public Relations

(Concluded from page 76)

tients' comments is for the hospital to send a letter from the board of trustees to the patient at his home immediately after discharge, inviting him to comment, in the space provided, on the service he received during his stay in hospital. A stamped addressed envelope is usually enclosed to encourage a reply. The administrative cost of this system is higher than the other two mentioned; but it is reported that the results obtained and the noticeable improvement in public relations, when patients write their comments from their own homes, are most gratifying. To carry this latter system to an ultimate conclusion and thus obtain the maximum of public goodwill, all patients' replies should be acknowledged by a suitable letter over the penned signature of the administrator. True, this system, although reported to get results, is very time consuming; but is time so very important when good hospital public relations are at stake? I submit, that if and where hospital public relations are not good, the cause will usually be found in administrative and personnel practices. Public goodwill is too often jeopardized through high pressured business systems which coldly and calculatingly strive to maintain a balance between time and the dollar.

In closing may I point out, if you make an analysis of a number of hospital patients' comment slips, you would find such a high percentage referring solely to the temperature and strength of the tea or coffee served that one would imagine the only requirement necessary to establish good hospital public relations is to serve good tea or coffee.

New Directors of B.C. Catholic Hospital Conference

Honorary President: Most Rev. W. M. Duke, D.D., Archbishop of Vancouver

Episcopal President: Most Rev. A. Jordan, O.M.I., Bishop of Prince Rupert

Conference Chaplain: Rev. Father J. A. Leahy, S.J., Vancouver

President: Sister Mary James, S.C. I.C., St. Vincent's Hospital, Vancouver

1st Vice-president: Sister Mary Alena, S.S.A., St. Joseph's Hospital, Victoria

2nd Vice-president: Sister Ste. Marguerite, M.I.C., Mount St. Joseph Hospital, Vancouver

Secretary: Sister Canisius, S.C.I.C., St. Vincent's Hospital, Vancouver

Treasurer: Sister Agnes Marie, S.C. I.C., St. Vincent's Hospital, Vancouver

Committee Chairmen:

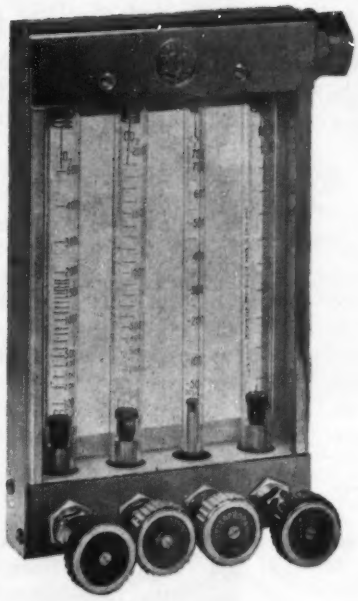
Publicity: Sister Laura Marie, F.C. S.P., St. Paul's Hospital, Vancouver

Legislation: Sister Helen Marie, F.C. S.P., St. Mary's Hospital, New Westminster

Schools of Nursing: Sister Mary Lucita, S.S.A., St. Joseph's Hospital, Victoria

Hospital Administration: Sister Mary Ruth, S.C.I.C., St. Vincent's Hospital, Vancouver

Councillors: Sister Jeanette, S.S.J., St. Joseph's Hospital, Comox; Sister Laurene, S.S.J., St. Joseph's Hospital, Comox; Sister Jane Frances, S.C.I.C., St. Vincent's Hospital, Vancouver; Sister Mary Angelus, S.S.A., St. Joseph's Hospital, Victoria.



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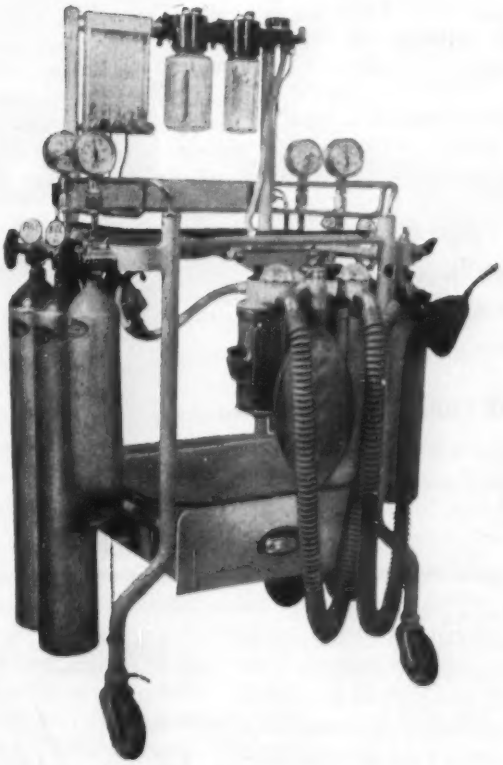

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Book Reviews

(Concluded from page 64)

statistical and descriptive data concerning the institutions visited and this material which makes most interesting reading is included in ten appendices to the report. The book includes notes on various hospitals visited and impressions of certain features of the tour. Two points of special interest are revealed: The food served to patients in the hospitals of France is not only excellent—but patients thoroughly enjoy and appreciate it; second, in all departments of hospitals in France there were fewer employees than is considered necessary in other countries but everywhere there was efficiency and evidence of excellent patient care.

This excellent little book can be obtained by writing to the International Hospital Federation, 10 Old Jewry, London, E.C.2. The price is 7s. 6d. to members; 10s. 6d. to non-members; plus 6d. postage in each case.

* * * *

Canada in 1954

A picture of Canada today against a background of reliable, statistical information is given in *The Canada Year Book 1954*, available from The Queen's Printer, Ottawa, for the price of $3.00. Facts and figures on every important subject which has a bearing on the national economy are to be found among the 1250 pages of text and illustrations.

* * * *

Hospitalization Morbidity Study, Province of Ontario

The Honourable Mackinnon Phillips, M.D., C.M., Minister of Health for Ontario recently released the Ontario Hospitalization Morbidity Survey. This was prepared by George D. Davis, Director, Morbidity Service. The survey arose out of a recommendation by the Ontario Health Survey Committee that a morbidity survey be made.

The report, 100 pages long, contains eleven chapters, and includes thirty-one tables. The census year, 1951, was selected as the year for review in order that the findings might be related to the population. It comprises an analysis of the discharges and deaths in the public general hospitals of Ontario during 1951: numbering 645,313 patients; some 15,000 patients remaining in the hospital at the end of 1951; patients treated in convalescent hospitals, chronic sections of the general public hospitals, and in hospitals for the chronically ill; in all, making a grand total of 668,036 patients.

These eleven chapters of the report deal with causes of hospitalization; methods of payment; age, sex and residence of patients; length of stay in hospital, and other related topics.

While there are many statistics available on mortality of patients, statistics on morbidity are very rare. We believe this study will be of great value to many in the health field including government officials, hospital superintendents and trustees.

There is no finer sensation in life than that which comes with victory over one's self. It feels good to go fronting into a hard wind, winning against its power; but it feels a thousand times better to go forward to a goal of inward achievement, brushing aside all your old internal enemies as you advance.—*Vash Young*

Add Special Appeal to special diets!

It's simple — just serve special diets in Lily's refreshingly beautiful paper cups and containers. Crisply clean, sturdy, smartly designed for eye appeal, Lily's extremely useful paper service has proved invaluable in many hospitals and institutions. They put even "picky" folks in the mood to eat heartily.

Here are practical reasons for introducing Lily paper service in your hospital or institution: Lily service cuts costs. In one hospital alone, Lily service cuts costs by $50,000 a year! (Details on other actual cost figures are yours for the asking.) Lily service is speedy, quiet, dependable, convenient, sanitary. Lily's light and easy to handle service saves time and energy for busy nurses, aides and orderlies. No stacking, washing, sterilization is necessary when you use Lily's compact, nested containers.

Why not write today for a free sample of Lily's Matched Hospital Service?

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Catholic Hospitals of Alberta

The 11th annual meeting of the Catholic Hospital Conference of Alberta was held in Edmonton, from Oct. 20th to 21st. The program featured a number of interesting panel discussions. The medical audit received attention in this way, with Drs. J. G. Kato and M. M. Sereda and Sister M. P. Rheault, medical record librarian of the Edmonton General Hospital participating. Under the leadership of Sister M. Berthe Dorais, administrator of the St. Boniface Hospital, St. Boniface, Man., a group dynamics session was held on certain administrative problems. Father Henri Légaré, executive director of the Catholic Hospital Association of Canada, and Drs. Rupert Clare and Joseph O'Brien, Edmonton, led discussion on medico-moral problems. Reports on nursing trends were presented, with Sister Denise Lefebvre, chairman of the Canadian Catholic Council of Schools of Nursing, contributing to the discussion.

The officers are as follows:

Past-president: Sister M. Helen, Barrhead

President: Sister B. Bezaire, Edmonton General Hospital

1st Vice-president: Sister M. Loyola, St. Joseph Hospital, Galahad

2nd Vice-president: Mother M. Immaculata, St. Michael's Hospital, Lethbridge

Secretary-treasurer: Sister M. P. Rheault, Edmonton General

Public Relations Chairman: S. V. Pryce, Holy Cross Hospital, Calgary

Executive Secretary: G. Amerongen, Edmonton.

Committee Chairmen: Sister Ste-Rodolphe, Misericordia Hospital, Edmonton (Nursing); Sister M. Leonard, Hardisty (Administration).—*Sister B. Bezaire.*

Mack Training School for Nurses Celebrates 80 Years of Progress

Eighty years ago, the Mack Training School for Nurses, at the St. Catharines General Hospital, St. Catharines, Ont., opened its doors to young women who desired to follow a profession, which, though it was centuries' old, was entering a new and vastly more valuable phase in its development. Only a few years previously, nursing had been given new impetus and meaning, through the wisdom and courage of Florence Nightingale. In 1874, the Mack Training School, was a daring experiment and the first school of its kind in Canada, perhaps on the continent.

The guiding hand behind the experiment was Dr. Theophilus Mack who had followed the work of Florence Nightingale with great interest and enthusiasm. He was determined to establish a nurses' school based on the new plan of training originated by Miss Nightingale and with trained nurses at its head. By 1873, he had raised enough interest and money in support of his idea to send to England for a staff of nurses, trained in the Nightingale system. Three nurses came to Canada from Guy's Hospital in London, and several probationers. This was the beginning of the first nurses' training school in Canada and soon, graduates began to establish schools in other parts of the province. Today, the Mack Training School provides excellent training for approximately 94 students and comfortable living accommodation in a well furnished nurses' residence.

The Grace of God

(Concluded from page 34)

times man has achieved better health, longer life, freedom from epidemics, an end to the dreadful toll of infant and child mortality, less indifference to suffering, and hospitals which are no longer charnel houses. In the medical and hospital world we are working in the one sphere in which man can take pride in modern times, in spite of the continuing of wars and the awful scourge of fear. If all progress consists in simple progress in charity, here is one field of human life in which we can claim progress. Consider two deeply contrasted phases of modern life. The first, the spectacle of the past century when, in Osler's words, "the leaves of the tree of science have been for the healing of nations . . . the Promethean gift of the century to man". And on the other hand the more recent and profoundly disturbing manifestation of science—the introduction of thermonuclear weapons. It may be that in regard to the first, the creative and life-giving way in which we have used science, we as human beings may have gained that much indulgence from Heaven as we struggle to accommodate ourselves to the destructive uses of science.

When anyone tells me that this talk about the soul, the *genius loci*, is all nonsense and that a hospital after all is nothing but a great machine, I am sure that such a person does not know what he is talking about. He has not become really aware of the centre and core of hospital life. Did you ever look at a great hospital at night with the light streaming from its windows? It always reminds me of a great ocean liner lifting its great and strong outline above the roof-tops of the city, one of the proud, strong and secure things in this world. A physician once described a hospital in this stanza:

Within these grey walls Life begins and ends,
Here, in this harbour, worn, sea-weary ships
Drop anchor, as the fading sun descends,
And new-launched vessels start their outbound trips.

The philosopher, A. N. Whitehead, has laid it down that the life of man is founded on technology, science, art and religion. The same thing might be said of the hospital, which as the old physician of Norwich, Sir Thomas Browne once pointed out, is a real microcosm of life. Technology in which resides skill and pride in the craft; science which keeps the mind independent and alert; art with its sustaining regard for ideals; religion with its great watchword of charity in which all in the medical world live and move and have their being.

In conclusion may I say one thing to you. I realize that for all in your ranks, engaged as you are in the demanding work of a hospital "God ordered motion, but ordained no rest" (Henry Vaughan, the physician and poet, wrote those words). Through it all I would pray that you may possess that quality which breeds respect and creates tradition — grace under pressure.

To speak much is one thing—to speak well, another.—*Sophocles.*

Hospital Administrator Wanted

For planned 60-bed hospital at Campbell River, B.C. Reply to Box 286, Campbell River, B.C., giving full details as to educational qualifications, experience, references, etc.

Assistant Dietitian Wanted

900-bed general hospital, 44-hour week, basic salary $200.00 per month plus meals and laundry. Salary increased with experience of the applicant. Apply Box No. 1203-0, The Canadian Hospital, 57 Bloor Street West, Toronto, Ontario.

Medical Record Librarian Wanted

To reorganize filing system according to standard nomenclature. Apply Director, Shriners Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Research Dietitian

Required for position in the newly created Clinical Investigation Unit. Experience in preparation of diets for patients suffering from metabolic disorders, and being investigated by balance studies, desirable. Salary according to experience. Vacant January 1, 1955. Apply immediately to Dr. A. J. Rhodes, Director, The Research Institute, The Hospital for Sick Children, Toronto.

Dietitian-in-Charge

An opening—1st of March 1955, will be available for position of dietitian-in-charge at a 500 bed teaching hospital. Please direct inquiries to Mrs. Glenna Nesbitt, Dietitian-in-Charge, Kingston General Hospital, Kingston, Ont.

Administrator Available

Experienced, desires administration position in 40-50 bed hospital. International Employment Agency, 29 Park W., Room 209, Windsor, Ont.

Graduate Nurses Wanted

Vacancies are available immediately for Graduate Nurses for general staff duty in the following departments — paediatrics, medical and surgical and emergency. Excellent working conditions—no split shifts —44 hour week—additional premium for 3 p.m.-11 p.m. shift. A Head Nurse is also required for the surgical floor. Apply, giving past experience and references, to the Director of Nursing Services, South Waterloo Memorial Hospital, Galt, Ontario.

The Tide Will Turn

When you get into a tight place and everything goes against you, till it seems as though you could not hold on a minute longer, never give up then, for that is just the place and time that the tide will turn.—*Harriet Beecher Stowe*

Qualified Administrator Available

Needs 150-bed hospital — bilingual — considerable experience. Nominee of American College of Hospital Administrators. Write to International Employment Agency, 29 Park West, Room 209, Windsor, Ont.

Dietitian Available

DIETITIAN (unqualified) English—desires position in small hospital or institution. Seven years Canadian hospital experience. Miss Dorothy Abbott, 24 Beverley St., Ottawa, Ontario.

Laboratory Technician Wanted

For a 200-bed hospital. Apply stating qualifications and salary expected, to, The Superintendent, General Hospital, Sault Ste. Marie, Ontario.

Dietitian Wanted

Qualified dietitian, primarily interested in Therapeutic Diets, for a 350 bed hospital. Excellent opportunity, 44 hour week, sick benefits, etc. Apply stating qualifications to: Chief Dietitian, Brantford General Hospital, Ontario.

Dietitian Wanted

For a 200-bed hospital. Apply stating salary expected and qualifications, to, The Superintendent, General Hospital, Sault Ste. Marie, Ontario.

Do You Need Nurses?

practical nurses, or aids?
International Employment Agency,
29 Park W., Room 209,
Windsor, Ontario

Qualified Dietitian

For ward food service; entails responsibility for all related duties as therapeutic diets. Forty hour week, straight eight hour day. Salary—$223.00 to $235.00 per month. Applicant must be interested in training of student nurses and dietetic internes. Apply stating qualifications and experience to Director of Dietetics, Royal Jubilee Hospital, Victoria, B.C.

O.H.A. Section Meetings

(Concluded from page 50)

gestions put forward by the speakers.

Questions were also asked relating to the subject of federal sales tax and the general exemption extended to hospitals. Attention was drawn to the article recently published (see *The Canadian Hospital*, September, 1954, page 35) which had been prepared by the Department of National Revenue. Ocean Smith suggested that all questions relating to the application of federal sales tax be channelled through to his office so that they might be submitted to the Department for official rulings. The most interesting of these would then be published in *The Canadian Hospital*.

Resolutions were adopted recommending the establishment of a joint committee for the simplification of reporting forms, particularly the costing schedules, and recommending to the directors of the Association that the Department of Health be requested to accept annual returns giving results in dollars only and omitting cents entirely.

Committee Members

The session concluded by naming the section's committee for the coming year as follows: W. E. Cox, Guelph, chairman; A. C. Storey, Owen Sound, vice-chairman; M. B. Wallace, Toronto, past chairman; Myrtle Lambert, Cornwall; Sister Mary of the Assumption, Kingston; E. Carey Robinson, St. Catharines; Margaret Sullivan, Oakville; S. G. Anderson, Ottawa; Eric Willcocks, Toronto; Kenneth Wright, Oshawa; and James Walker, Fort William.—*Murray Ross.*

Television Presents "Medic"

Television viewers can see authentic portrayals of medical case histories in a new program, now carried on the Canadian Television Network, called "Medic". The program, which has the official endorsement of the Los Angeles County Medical Association, proves that television can inform while it entertains. Actual doctors and nurses make up a large portion of the cast of each week's program with real hospitals, clinics, doctors' offices, and operating rooms as settings. The series is being written and supervised by James Moser, original writer of "Dragnet" for both radio and television.

Clinical Nutrition

(Concluded from page 68)

dietitian has two important responsibilities. The first is to get the food on the tray, and the second is to improve the receptivity of the patient for the food. The second responsibility is of as much importance as the first, yet how much time is spent by the average hospital dietitian in patient visiting, in comparison to the amount of time spent in the kitchens and in the office? Miss White gives some excellent suggestions concerning the dietitian's approach to the patient. She reminds us that we cannot expect to change the patient's fixed ideas and food habits in one brief visit. Repeated follow-up visits are necessary and, even then, the patient's ideas may not change, but perhaps his habits will. We have at least accomplished something, even if the patient receives his tray with the attitude, "Well, I'm not going to like it, but I'll eat it".

Acceptance by the patient of his therapeutic diet may be encouraged by several techniques. The first involves daily visiting, and planning the next day's therapeutic menu *with* the patient, at his bedside, rather than in the dietitian's office.

The second is that of allowing a selective menu to the patient on a therapeutic diet. It may be argued that this idea is neither feasible nor practical, yet some hospitals have already pioneered with this system, apparently with good results. It too, of course, would involve daily visiting, to discuss his menu selections with the patient. For this system to be effective, the initial diet explanation would need to be very comprehensive.

A third very good idea is to send the patient, on his first tray, an attractively printed card which gives a simple, brief explanation of his diet, and informs him that the dietitian will be in to see him shortly, for further discussion. This method could be used to introduce the new diet, relieve the immediate situation, and prepare the patient for further teaching.

All of the above suggestions are excellent teaching devices, and by the time the patient is ready for discharge he should have a very sound appreciation of *why* his food selection is important, as well as a knowledge of what foods he may or may not eat.

Perhaps many hospital dietitians need to reorganize their work schedules so that they can delegate certain less important tasks to auxiliary workers. As Miss White points out in her article, we cannot expect a ward kitchen maid or clerical worker or even a student nurse to interpret his diet to the patient—that, ultimately, is the unique responsibility of the dietitian. The patient's appreciation and satisfaction is one of the most important ingredients of job satisfaction for the dietitian.●

Hiking

Hiking is one of the best forms of exercise. It doesn't need expensive equipment — comfortable well-fitted shoes are most important. The length and type of the walk depends upon the age, physical condition, and inclination of the walker; but at least a short daily walk should be the aim of all people able to get around.

News Released by Hospital Supply Houses

By C.A.E.

Removes Stains From Plastic and Chinaware

The Diversey Corporation (Canada) Limited is currently introducing a non-toxic, fast-working stain removal compound for use on both plastic and china dishware. Named "Dual-Dip", this new product, it is claimed, removes most discolorations in minutes without agitation, rubbing or scrubbing.

According to Diversey only one soaking in Dual-Dip solution is required for effective destaining. Unappetizing discolorations are said to disappear and leave dishes with a sparkling new look.

Dual-Dip is harmless to dishes, easy on hands and odourless.

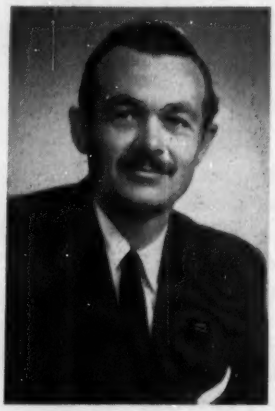
For further information and a free demonstration of Dual-Dip in action write to The Diversey Corporation (Canada) Limited, 250 Lakeshore Road W., Port Credit, Ontario.

Eaton's Change Hospital Personnel

The T. Eaton Co. Limited recently made changes in their hospital personnel in Ontario and the Maritime Provinces, by having Mr. R. H. Beggs, who has been working in the Maritimes, return to their Toronto Branch and by sending their Mr. D. Chisholm, who has been engaged in selling hospital equipment in Ontario, to take Mr. Beggs' place.

Mr. Beggs and Mr. Chisholm are well known in the hospital field, having represented Eaton's Toronto Hospital Division for many years.

R. H. Beggs



D. Chisholm

Mr. Beggs attended Mimico High School and Victoria College, University of Toronto, graduating in 1949, Bachelor of Arts in Poltical Science and Economics. Mr. Chisholm was educated at Upper Canada College, Toronto.

L. R. Barker *M. A. Marcil* *R. E. Hooper*

Johnson & Johnson Appointments

Johnson & Johnson Limited, Montreal, announces the appointment of Mr. L. R. Barker and Mr. M. A. Marcil as Ethicon Suture Consultants.

Mr. Barker will represent the Company in British Columbia and Alberta. Mr. Marcil will cover part of the Province of Quebec and Northern New Brunswick.

Mr. R. E. Hooper has been appointed as hospital representative in Northern Alberta.

Hospital Gets New Power Cleaner

It pays to take care of equipment. The Kingston General Hospital recently received a new Dustbane Power Clean 16" floor cleaner to replace or augment the oldest machine of its make still in service in central Canada. The old machine was 27 years old and the presentation was made as an award for a contest to discover

(Concluded on page 98)

Across the Desk

(Concluded from page 96)

the oldest machine. Shown at the presentation are: left to right: P. Morrow, chief electrician of the hospital; A. H. Walsh, Ottawa branch manager of Dustbane Products Limited; Miss B. N. Irvin, chief housekeeper at the hospital; A. G. Bellinger, Eastern Ontario Representative for Dustbane Products Limited, and W. Robb, purchasing agent.

Canadian building managers searched through their inventory of equipment and came up with three machines, each with a quarter century of service and still going strong.

The search was stimulated last Spring when Dustbane Products Limited offered spanking new machines for the oldest ones of their make still in daily use.

Similar awards were made to the Royal Jubilee Hospital of Victoria, B.C.; and Acadia University, Wolfville, N.S., for the oldest machines still in service in the western and eastern zones respectively.

Clay-Adams New Model Kahn Trigger Cannula

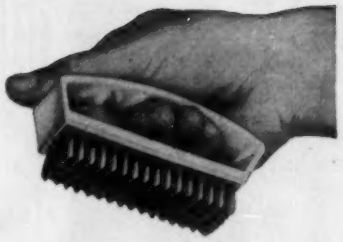
A new office model of the Kahn Trigger Cannula that assures a leak-proof cervical seal has just been announced by Clay-Adams Company, Inc. The model is especially designed for tubal insufflation (Rubin test) and x-ray diagnoses and can be used with any tubal insufflator.

The new model incorporates the leading features of the well-known Kahn Trigger Cannual technique. It features a flexible polyethylene tip; 2 sizes (giant and standard) of interchangeable acorns that seal by moulding to the shape of the cervix with no leakage, slipping, or trauma; thumb ring and trigger with completely adjustable span that takes any type of tenaculum; a 2-notch tenaculum holder that assures parallel alignment of the cannula and tenaculum shafts for a leak-proof cervical seal; a luer shut-off valve that permits fractional injection techniques.

Surgi-Grip All Nylon Surgeon's Brush

Surgi-Grip brushes are easy to hold and easy to use, because the specially designed hand-grip (patent pending) prevents slipping. Bristled with Dupont's black Tynex nylon for lifetime wear, each of the tufts in the seven-by-sixteen rows (112 knots) is firmly secured to the lightweight white nylon back by non-corrosive metal wire anchors.

Surgi-Grip brushes will easily withstand hundreds of autoclavings. Their crimped nylon fibres and recessed base blocks retain soap longer — prevent it from sliding off the brush too quickly. The same pliant nylon provides a softer texture for greater comfort and will not scratch or irritate tender skin.



All standard-type dispensers can accommodate from nine to twelve Surgi-Grip brushes, depending upon the height of the dispenser. For complete information, write to Old Tappan Products, Inc., Old Tappan, New Jersey.

Meeting of Interest to Hospital Personnel

Progress and improvements in supplies and equipment available to caterers, institutions, hospitals, clubs and other establishments will be featured in more than 100 exhibits at the 1955 Hotel and Restaurant Suppliers Exposition being staged in Montreal's Show Mart, February 1-4.

The exposition, which attracts more visitors than any other show of its kind in Canada, will be much enlarged over previous years. Increase in the number of visitors is also expected.

Meetings and conferences will spark the mid-winter proceedings. A number of gatherings arranged by the association will provide the opportunity for profitable exchange of ideas among members.

Holding the exposition at the newly constructed show mart has permitted wide expansion in the number of exhibits and in facilities for vistors.

GENERAL INDEX

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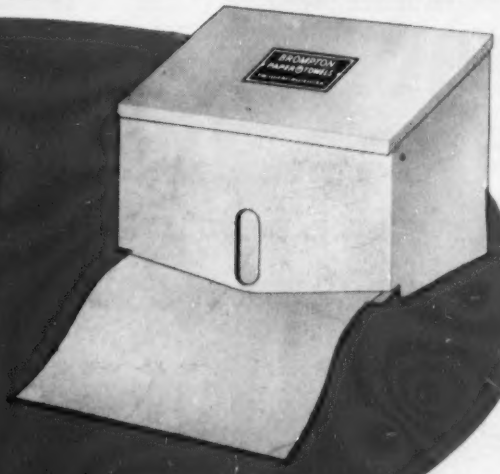

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